



Saint Andrew's Society of Williamsburg

APPLICATION FOR MEMBERSHIP

PO Box 533, Williamsburg VA 23187

Full Name: _____

Are you, Self Spouse Son Daughter of a member (check one)?

Member's Name if you are a spouse/son/daughter: _____

Address: _____

Telephone(s): _____

E-mail: _____

Date and Place of Birth: _____

Schools/Colleges: _____

Business or Profession: _____

Spouse's Name (if not a member): _____

Names and Ages of Children: _____

Nature of Scottish Ancestry: _____

Scottish Interests – (History, Literature, Arts, Clan Affiliation etc):

Clan Affiliation or Membership: _____

Date: _____ Signature of Applicant: _____

To the best of our knowledge, the above applicant is of sound character, over the age of 21 years and is entirely suitable to membership in the Society. Applicant will actively participate in the functions of the Society as circumstances allow and will perform conscientiously any duties undertaken.

Sponsor: _____ Date: _____

Co-Sponsor: _____ Date: _____

Checklist for Membership:

Individual/Primary Membership – Initiation (\$20.00) plus First Year's Dues (\$40.00) \$60.00. _____

Additional Individual Memberships within same household – Initiation (\$20.00) plus First Year's Dues (\$20.00) \$40.00. _____

Small Photograph suitable for digitization. _____

Completed Application with address, phone number and e-mail address included. _____

NOTE: All memberships are individual and only one applicant per application.