

**This information will be used in the Annual Society Roster.
Please print clearly and return by mail or to a member of the Board promptly.**

Please circle one: New Member Renewal

Please circle one: Mr. Mrs. Ms. Mr. and Mrs. **If other, please specify:** _____

Name: _____

Mailing Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip:** _____

Home: () -- **Cell:** () -- **Work:** ()

Email: _____

Clan, sept, or family (if known): _____

Please list any children under the age of 23 (use the back of this form if needed):

Name: _____ **Age:** _____ **M / F** **Name:** _____ **Age:** _____ **M / F**

Name: _____ **Age:** _____ **M / F** **Name:** _____ **Age:** _____ **M / F**

Are any of those listed above Native Scots (born in Scotland)?

Who: _____ **Born Where:** _____

Who: _____ **Born Where:** _____

How did you learn about the St. Andrews Society? _____

Y / N I am willing to volunteer my time and/or services for St. Andrews events and activities

Dues for Voting Members

Single (1 vote). \$20.00
Couple or Family (2 Votes). . . \$30.00 \$ _____

Dues for *Non-Voting Members

Single (1 vote). \$10.00
Couple or Family (2 Votes). . . \$15.00 \$ _____

*As clearly stated in section 2c of the bylaws, applicants requesting non-voting status must reside more than 50 miles from Jacksonville and a written request must be received with this form.

Charitable Contributions:

Scholarships _____ Flowers of the Forest _____ General Donations _____ \$ _____

Total Enclosed: \$ _____

Please make checks payable to St. Andrews Society of Jacksonville

Signature: _____ **Date:** _____

Comments: _____

Return this form along with your payment to: St. Andrews Society of Jacksonville PO Box 5441 Jacksonville, FL 32247-5441

Please visit www.jaxstandrews.org!

For more information, you may e-mail us at info@jaxstandrews.org.

