

*Scottish Society of the Waxhaws  
Application for Membership*

Application Date \_\_\_\_\_ Preferred title: Dr/Mr/Mrs/Ms/Rank \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last (Day/Month)

Spouse Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last (Day/Month)

Children(s) Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Box-Route-Number-Street Name-Apartment Number)

\_\_\_\_\_  
(City) (State) (County) (Zip)

Submission of this information is optional and solely for the use of SSW.  
A membership list will be provided to each member, but no member data will be provided to commercial enterprises or government.

Please identify for each adult member:

Clan Affiliation \_\_\_\_\_

Occupation \_\_\_\_\_

Field of Expertize \_\_\_\_\_

Areas of Interest \_\_\_\_\_

Skills/Talents \_\_\_\_\_

Are you willing to assist the Society as a volunteer on a committee or help at events? (Circle) Yes No

Committee Preference \_\_\_\_\_

Telephone \_\_\_\_\_  
Home - Area Code & Number Work - Area Code & Number

Spouse # \_\_\_\_\_

e-mail: \_\_\_\_\_@\_\_\_\_\_

Membership Category: (Individual \$15) Family \$25)  
Individual Life-Time member \$150 Family Lifetime \$250 (2 adults & minor children)

Enclosed: \$\_\_\_\_\_ Check or Money Order made payable to: The Scottish Society of the Waxhaws, Ltd.

Mail to: PO Box 527, Waxhaw, NC 2173