



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Email Address: \_\_\_\_\_

Comments:

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I AM APPLYING FOR MEMBERSHIP!

ENCLOSED IS MY CHECK FOR \$\_\_\_\_\_

ANNUAL FAMILY MEMBERSHIP	\$ 20.00
ANNUAL INDIVIDUAL MEMBERSHIP	\$ 10.00

Please Make Your Check Payable To: Scottish Society of Southwest Michigan

Mail To:  
Scottish Society of Southwest Michigan  
P.O. Box 1676  
Battle Creek, MI 49016