

# MEMBERSHIP

## Scottish Society of Knoxville Membership Application

Date: \_\_\_\_\_

New Application or Renewal: \_\_\_\_\_

Membership type: Family (\$25) \_\_\_\_\_ Individual (\$20) \_\_\_\_\_

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

Others in family under age 21: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Clan heritage: \_\_\_\_\_

Sept: \_\_\_\_\_

If native Scot, give birthplace: \_\_\_\_\_

Other Scottish organization memberships: \_\_\_\_\_  
\_\_\_\_\_

Business or profession: \_\_\_\_\_

Active \_\_\_\_\_ Retired \_\_\_\_\_

Applicant: \_\_\_\_\_

Spouse: \_\_\_\_\_

Print membership application and complete the form. Make checks payable to: SCOTTISH SOCIETY OF KNOXVILLE

Mail to: Scottish Society of Knoxville, P. O. Box 50411, Knoxville, TN 37950