



St. Andrews Society of the Eastern Shore

P.O. Box 1364

Easton, MD 21601

MEMBERSHIP APPLICATION

I, _____,
apply for Regular Membership in the St. Andrews Society of the Eastern Shore.

I certify that I am:

- A: A native of Scotland born in _____, or a
B: descendent of _____ who lived in
Scotland at _____ about _____ AD

SPONSORS:

I know the following two members of the Society:

If elected I agree to abide by the Bylaws and agree to fulfill all my obligations to the Society.

I have enclosed my initiation fee (\$10.00) and first year's dues (\$40.00). Please make check or money order payable to: **The St. Andrew's Society of the Eastern Shore (S.A.S.E.S)** and mail along with this form to: **Barbara Sheridan, PO Box 113, St. Michaels, Maryland 21663**

MEMBERSHIP DIRECTORY INFORMATION

Full Name: _____

Spouse's first name _____

Mailing address: _____

City _____ State _____ Zip _____

Home Phone: _____ Email address: _____

Clan affiliation: _____
