



# St. Andrews Society of the Eastern Shore

P.O. Box 1364

Easton, MD 21601

## MEMBERSHIP APPLICATION

I, \_\_\_\_\_, respectively  
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 (\$35.00). 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**

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## MEMBERSHIP DIRECTORY INFORMATION

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

Spouse's first name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Clan affiliation: \_\_\_\_\_

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