Saint Andrew Society of Hawaii
Membership Application

Name: _____
Title Last, First, M.I.

Spouse's Name: _____
Title Last, First, M.I.

Address: _____
Number & Street Apt. Number

_____
City State/Province Country Zip Code

Home Telephone: _____ Fax: _____

Mobile Telephone / Pager: _____

Email Address: _____

Occupation: _____

Business telephone: _____ Fax: _____

Birthday: _____
Date Month

Sponsor: _____

Your Clan affiliation: _____

Your Tartan: _____

For Scots, please give details of your / or parents / or grandparents birth place:

_____

_____.

To ascertain the interests amongst our members, please indicate what any members of your family are interested in:

___ Golf ___ Piping ___ Highland Dancing

___ Acting/Singing ___ Musical Instrument

___ Other _____
(Please specify)

Which type of membership are you interested in?

___ Member

___ Junior Member (under 21 years of age)