## ST ANDREWS OF SOUTHERN NEVADA MEMBERSHIP APPLICATION RENEWAL/NEW APRIL 1, 2022 - MARCH 31, 2023

NAME:		Birth Month:		
Spouse/Significant Other:		Birth Month:		
Children (Under 18):				
Address:				
City:		State:	Zip Code:	
Cell Phone:	Н	ome Phone	e:	
Email:		Anr	niversary Mo/Yr:	
Clan(s) If Known:				
Family (includes children Seniors (65+ Family) Individual/Student 18/+	under 18)			
Optional Donations: Scholarship Fund: _			Building Fund:	
		TOTAL:		
INTERESTS: Clans:	Genealogy: _		Scottish History:	
cottish Athletics:Pipe Band:		Highland Dance:		
I would be willing to help	with:			
Please make checks payak	ole to: St Andrew's S	ociety.		

Send with completed form to: St. Andrew Society of Southern Nevada

P. O. Box 33244

Las Vegas, NV 89133-3244

