SCOTTISH SOCIETY OF MARTHA'S VINEYARD

www.mvscots.org

MEMBERSHIP APPLICATION for 2021

NAME: _____
(Please note the name by which you wish to be addressed.)

SPOUSE/SECOND NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

_____

E-MAIL: _____

PHONE #: _____ **CELL #:** _____

OPTIONAL **CLAN/SEPT AFFILIATION** _____

CLAN SEAT IN SCOTLAND _____

PLEASE MAIL TO: **Scottish Society of Martha's Vineyard (SSMV)**
PO Box 1895 Vineyard Haven, MA 02568

ENCLOSED is my check for: **____ Student Membership FREE**
____ Individual Membership $20.00
____ Family Membership $30.00
incl. children under the age of 18

ADDITIONAL donation ____$5 _____$10 _____$20 _____other $_____

We would like to hear from you – *[please check]*

Yes, I would like to participate -

- ☐ Board of Directors, Officer
- ☐ July 4th Parade in Edgartown
- ☐ Robert Burns Dinner event
- ☐ St Andrews Day
- ☐ Tartan Day

Include name and contact information in a SSofMV Membership Booklet – YES or NO