



The St. Andrew's Society of Central Florida
MEMBERSHIP APPLICATION



Date: _____

Last Name: _____ First Name: _____ Initial: _____

Preferred Mailing Address: _____ Residence: _____ Business: _____

RESIDENCE:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail Address: _____

BUSINESS:

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ E-mail Address: _____

Birthday: _____ Month: _____ Day: _____

Clan Affiliation (if any): _____

Spouse's/Children's Names: _____

Spouse's Membership: Yes: _____ No: _____

SIGNATURE: _____

Clan Association (if there is one): _____

Sponsored/Referred by: _____

Dues enclosed: \$_____

\$30.00 per year for individual membership ; \$50.00 per year for family memberships

Return application to: St. Andrew's Society of Central Florida
283 Cranes Roost Blvd, Ste. 111
Altamonte Springs, Florida 32701

If you have any questions please contact Erin Weimer at;

st.andrews.society.cf@gmail.com