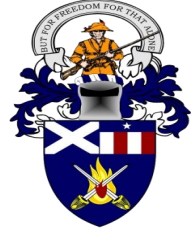




Scottish American Military Society

Membership Application

(Revised 4-4-2017, all other obsolete)



Please fill in ALL blanks applicable to you; print carefully, no abbreviations, please. Give inclusive dates of one qualifying period of Active or Reserve service. If you are currently serving give the starting date and indicate to "present." If you have previously served on active duty please attach a photocopy of your DD214 **with your Social Security Number blacked out.** If currently serving in the Reserve or Guard, attach a copy of current assignment orders. If no DD214, NGB22, or orders are available or you are an ROTC cadet, attach any officially published document evidencing that fact.

A. SCOTTISH BACKGROUND

Post or Camp: _____

I am of Scottish birth (Place: _____):

Scots or Scotch-Irish descent; my surname is _____. The name and relationship of my ancestor is: _____.

If not of Scottish descent, reason(s) for requesting membership (i.e. marriage to a Scot, Commonwealth military service, etc.): _____.

B. MILITARY SERVICE:

Past or present active duty in the US Armed Forces: Service _____;

From _____ to _____.

Past or present service in the US Armed Forces Reserves, National Guard, Service Academy, or college ROTC Cadet:

Service: _____ From _____ to _____.

Spouse, widow, or lineal descendants of past or present members of the Armed Forces of the United States or of ROTC

cadets. Name, grade and service of qualifying individual: _____.

Our Fiscal Year is 1 JUL—30 JUN

Annual Dues

\$35.00

Voluntary Contribution

TOTAL (Minimum \$35)

National Dues covers the quarterly cost of printing and mailing of our

National magazine, The Patriot. Dues also cover the cost of the Membership certificate, ID card, BY-LAWS, uniform rules & guidelines. If you join between 1 APR and 30 JUN, you will be credited for up to 15 months Life membership is available and is a Flat Fee of \$425.00. Purple Heart recipients are entitled to a 50% reduction of the Life Membership fee.

(Date of Application)

(Printed Name)

(Signature)

() _____ () _____

Home Phone

Cell Phone

E-Mail

Street or PO Box: _____ Occupation: _____

City, State: _____ Zip Code: _____

Spouse's Name: _____ Interest or Hobbies: _____

I declare that my statements contained herein are true to the best of my knowledge and that if admitted to membership in SAMS, I will abide by the Society's Charter and By-Laws and those of any SAMS Post I may subsequently join.

SAMS is a tax exempt, non-profit corporation granted under IRS Code Section 501(c) (19) pertaining to the organization of members of the Armed Forces of the United States & incorporated in North Carolina (EIN 56-1356844). **Make checks payable to SAMS & mail with supporting documents to: Primasita Menor, National Adjutant, 94-301 Malana Place, Mililani, HI 96789, Phone (808) 497-0474, Email: pmenor48@gmail.com.**