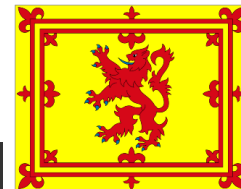




ST. ANDREW'S SOCIETY OF THE MIDDLE SOUTH



PROPOSAL FOR MEMBERSHIP

Proposed Member *This section to be completed by Applicant*

Date: _____

First Name: _____ Middle: _____ Last: _____ Suffix: _____

Wife's First Name: _____ Maiden Name: _____

Your Preferred Name: _____ Wife's Preferred Name: _____

Children's name(s) and age(s):

Applicant Date of Birth: _____ Age: _____ Place of Birth: _____

Present Employer: _____ Title or Position: _____

HOME

Address: _____

City, ST Zip: _____

Phone: _____

Email: _____

BUSINESS

Address: _____

City, ST Zip: _____

Phone: _____

Email: _____

Education High School: _____

Education College: _____ Degree(s): _____

Education Post Graduate: _____ Degree(s): _____

Professional Memberships, Clubs, Society Memberships, Military Service, Civic Activities, Scouting, and other activities:

Clan(s) if known: _____

Has your Father or Grandfather ever been a member of St. Andrew's? Yes No

Sponsor *This section to be completed by Sponsor*

Name: _____ Date: _____

Email: _____ Phone: _____

How long has Sponsor known this Applicant?: _____

Endorser *This section to be completed by Sponsor*

Name: _____ Date: _____

Email: _____ Phone: _____