



ST. ANDREW'S SOCIETY OF THE MIDDLE SOUTH



PROPOSAL FOR MEMBERSHIP (Short Form)

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

BUSINESS

Address: _____

Address: _____

City, ST Zip: _____

City, ST Zip: _____

Phone: _____

Phone: _____

Email: _____

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): _____

I am the son, grandson, blood brother, or blood nephew of: _____ Society Number: _____

Sponsor

Endorser

Name: _____ Date: _____

Name: _____

Email: _____ Phone: _____

Society Use Only

Date of First Reading: _____

Date Reviewed by Membership Committee : _____ Approve Disapprove

Date of Second Reading: _____

Date of Genealogist Review: _____ Approved by Lineal Descent Approved by Affidavit

Membership Number: _____