



ST. ANDREW SOCIETY OF COLORADO

Membership form

Online membership available at www.coloradoscots.com

Membership in the St. Andrew Society of Colorado (SASC) and all of its auxiliary organizations is open to all people regardless of race, creed, color, religion, nationality or sexual orientation. *Membership is open to all persons with an interest in Scottish heritage.*

NOTE: SASC bylaws state that the Membership Year shall be from June 1 through May 31. Members who have not renewed their membership status within 60 days from May 31 forfeit their membership. "Life members" are, of course, not required to renew but are respectfully asked to consider a tax deductible donation (see below) to further SASC goals. Thank you.

New ____ Renewal ____

Name of individual: _____ Date: _____

Address: _____

City/State/Zip +4: _____

Preferred phone #: _____ Preferred e-mail address: _____

SASC Membership Levels:

____ **Individual:** \$35 (benefits will apply only to "Name" listed above). Includes 6 copies of the Highland Herald newsletter, an SASC Directory, a formal invitation to the St. Andrew's Ball and member rates on selected SASC events.

____ **Auxiliary Individual:** \$25 (discounted rate applies only to Colorado Scottish Festival Organizing Committee members; Rocky Mountain Highland Dancers members; Colorado Tartan Day Committee members; and St. Andrew Scottish Country Dancers).

Specify your affiliation: _____

"Plus" memberships for each household member of Individual or Auxiliary Individual listed above who wishes SASC membership privileges (such as member pricing for events):

____ Plus: \$15 each Full name(s): _____

Preferred phone #: _____

Preferred e-mail: _____

In addition to my membership, I am pleased to make a tax deductible **donation** to:

____ SASC; ____ Colorado Scottish Festival; ____ Colorado Tartan Day; ____ Rocky Mountain Highland Dancers; ____ St. Andrew Country Dancers in the amount(s) of: \$ _____

Membership Renewal/Donation options:

____ Check payable to St. Andrew Society of Colorado enclosed. Total: \$ _____

____ Please have Membership Secretary contact me for credit card information over the phone.

I understand that it is necessary for this form to be sent in to update my membership information.

Please mail this form to SASC Membership Secretary, 16357 W. 76th Ave Arvada, CO 80007T

Thank you for your continued support.

