



Wisconsin SCOTTISH Inc. Application for Membership

Individual \$15.00 Annually

Print Name (Last, first)	
Print Address (Include Apt./Suite No.)	City, State and Zip
Home Telephone (include Area Code)	Work Telephone (Include Area Code)
Print Your <input type="checkbox"/> Profession, <input type="checkbox"/> Talent or <input type="checkbox"/> Other	
Print Your E-Mail Address	

Family \$25.00 Annually

Print Adult Names (Last, first)	
Print Children Names (17 & Under)	
Print Address (Include Apt./Suite No.)	City, State and Zip
Home Telephone (include Area Code)	Work Telephone (include Area Code)
Print Your <input type="checkbox"/> Profession, <input type="checkbox"/> Talent or <input type="checkbox"/> Other	
Print E-Mail Addresses	

Organization/Clan \$100.00 Annually

Print Your Organization/Clan/Your Name	
Print Your Mailing Address	City, State and Zip
Your Telephone	Your position or title in this Organization
Print Your E-Mail Address	
Print Name of 2nd Designee (Last, first, middle)	
Print Address (Include Apt./Suite No.)	City, State and Zip
Home Telephone (include Area Code)	Work Telephone (include Area Code)
Print Your E-Mail Address	

Applicant's Signature _____

Please forward this application and your check or money order, payable

**WISCONSIN SCOTTISH INC.
P. O. Box 270292
West Allis, WI 53227**



Cell Phone (include Area Code)

Cell Phone (include Area Code)

Cell Phone (include Area Code)

Date _____

to:

