



# St. Andrew's Society of Oakland

## Application for Membership

I, \_\_\_\_\_, hereby apply for membership in the St. Andrew's Society of Oakland. I attest that I am an individual of good moral character and good standing in my community and that I support the objects of the Society: to assist the poor and distressed as exemplified by the Patron Saint of Scotland and of the Society, St. Andrew. Further, I attest that I support the efforts of the Society to preserve, promote and propagate all aspects of Scottish heritage, including Celtic arts, history and sciences.

I give permission for photographs and/or video recordings of myself, my family members, and my guests to be used for publicity or in publications or presentations relating to the Society and its programs. I also give the Society permission to use the photographs to create an online and physical scrapbook.

**I agree that the Society may include my name, address and contact information on a Members List, available only to Members.**

**No, please include only my name on the Member List**

Done this day of \_\_\_\_\_ 20\_\_\_\_,

in the city of \_\_\_\_\_, California.

Applicant's Signature \_\_\_\_\_

I, \_\_\_\_\_, a member in good standing, hereby endorse the above-named applicant for membership in the St Andrew's Society of Oakland.

Done this day of \_\_\_\_\_ 20\_\_\_\_,

in the city of \_\_\_\_\_, California.

Member's Signature \_\_\_\_\_



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We, the undersigned members of the Membership Committee of the St Andrew's Society of Oakland, having examined the applicant and having found that the applicant meets the necessary requirements for membership in the Society, recommend that, on payment of the applicable membership fee, the applicant be admitted into full membership of the Society with all the privileges and obligations pertaining thereto.

Member's Signature \_\_\_\_\_

Member's Signature \_\_\_\_\_

Member's Signature \_\_\_\_\_

### **RECORD**

Date and place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Statement of Reason for Application for Membership: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other Information: \_\_\_\_\_

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