



Scottish American Military Society

Membership Application

(Revised 2-19-2018, all other forms are obsolete)



Please fill in ALL blanks applicable to you; print carefully, no abbreviations, please. Give inclusive dates of one qualifying period of Active or Reserve service. If you are currently serving give the starting date and indicate to "present." If you have previously served on active duty please attach a photocopy of your DD214 with your Social Security Number blacked out. If currently serving in the Reserve or Guard, attach a copy of current assignment orders. If no DD214, NGB22, or orders are available or you are an ROTC cadet, attach any officially published document evidencing that fact.

A. SCOTTISH BACKGROUND

Post or Camp: _____

I am of Scottish birth (Place: _____):

Scots or Scotch-Irish descent; my surname is _____. The name and relationship of my ancestor is: _____.

If not of Scottish descent, reason(s) for requesting membership (i.e. marriage to a Scot, Commonwealth military service, etc.): _____.

B. MILITARY SERVICE

Past or present active duty in the US Armed Forces, Great Britain, Canada or Australian Armed Forces: Service _____

From _____ To _____.

Past or present service in the US Armed Forces Reserves, National Guard, Service Academy, or college ROTC Cadet:

Service: _____ From _____ to _____.

Spouse, widow, or lineal descendants of past or present members of the Armed Forces of the United States or of ROTC cadets. Name, grade and service of qualifying individual: _____.

Fiscal Year is 1 JUL—30 JUN

Annual Dues:	\$35.00
Voluntary Contribution:	_____
TOTAL (Minimum \$35):	_____

National dues cover the quarterly cost of printing and mailing of our National magazine, The Patriot. Dues also cover the cost of the membership certificate, ID Card, By-Laws, dress code and guidelines. If you join between 1 Apr and 30 Jun, you will be credited for up to 15 months membership. Life membership is available at the Flat Rate of \$425.00. **Purple Heart Medal recipients rate is 212.50 (50% of the flat rate). Must indicate proof of award.**

 (Date of Application) (Printed Name) (Signature)

() _____ () _____
 (Home Phone) (Cell Phone) (Email)

Street or PO Box: _____ Occupation: _____

City, State: _____ Zip Code: _____

Spouse's Name: _____ Interest or Hobbies: _____

I declare that my statements contained herein are true to the best of my knowledge & that if admitted to membership in SAMS, I will abide by the Society's Charter & By-Laws & those of any SAMS Post or Camp I may subsequently join.

SAMS is a tax exempt, non-profit corporation granted under IRS Code Section 501© pertaining to the organization of members of The Armed Forces of the United States & incorporated in North Carolina (EIN 56-1356844). Make checks payable o SAMS & mail with supporting documents to: Primasita Menor, National Adjutant, 94-301 Malana Place, Mililani, HI 96789, (808) 497-0474, email: scotsammilsocntladjutant@gmail.com.