

Please use a pen and fill in ALL blanks that apply to you, 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 DD-214 (please remove SS# ) before submitting. If currently serving in the Reserve or Guard attach copy of current assignment orders. If no DD-214, NGB-22, or orders are available or you are an Active ROTC Cadet, attach any officially published document evidencing that fact, DO NOT photocopy Active-Duty ID cards. DD-214 will be properly disposed of after verification of service.

NAME of Veteran, Spouse, Widow/Widower, or Lineal Descendant of past or present member of the US Armed Forces or Active ROTC Cadet.									
FIRST NAME	MI	LAST NA	LAST NAME			EMAIL			
MAILING ADDRESS									
STREET				CITY		STAT	F	ZIP CODE	
						0.7.1	-		
PHONE	POST #		GENDER	DATE OF BIRTH over 18		DATES OF MILITARY SERVICE			
WITH AREA CODE				MM/DD/YYYY //		FROM: MM/DD/YYYY	TO: MN	//DD/YYYY	
			M[]F[]			//		_//	
MILITARY SERVICE ACTIVE DUTY [ ] VETERAN [ ] NATION					TION	AL GUARD [ ] RES	ERVE [ ]		
BRANCH OF SERVICE ARMY [ ] NAVY [ ] AIR				] AIR FORCE [ ] MA	ARINE	ES [ ] COAST GUARD [ ] SPACE FORCE [ ]			
PAST OR PRESENT BRITISH COMMONWEALTH FORCES				BRANCH		FROM: MM/DD/YYYY	TO: MN	1/DD/YYYY	
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ARE YOU A SPOUSE [ ], WIDOW/WIDOWER [ ], OR LINEAL DESCENDANT [ ]					[]	NAME OF PAST OR PRESENT SAMS MEMBER R#			
OF PAST OR PRESENT MEMBER OF US ARMED FORCES OR ACTIVE ROTC CADET.					ET.				
SCOTTISH OR SCOTS-IRISH	,	Yes [ ]	] SURNAME			THE NAME AND RELATIONSHIP OF MY ANCESTOR IS			
DESCENT BY BIRTH		No[]							
IF NOT OF SCOTS DESCENT, REASON(S) (i.e			(i.e., MARRIAGE	i.e., MARRIAGE, OR RELATIONSHIP TO A SCOT/SCOTS-IRISH, OR COMMONWEALTH MILITARY SERVICE, ETC.)				RY SERVICE, ETC.)	
FOR REQUESTING MEMBERSHIP?									

I declare that my statements contained herein are true to the best of my knowledge and if admitted to membership in SAMS, I will abide by the Society's Charter and Bylaws and those of any SAMS Post I may subsequently join. SAMS is a tax exempt, non-profit corporation granted under IRS Code Section 501(c)(19) pertaining to the organization of members of the Armed Forces of the United States and Incorporated in North Carolina (EIN 56-1356844). We will never share your personal information without your permission. We do not sell or give away your information to anyone.

DATE OF APPLICATION	PRINT NAME	(PLEASE PRINT CLEARLY)	SIGNATURE BELOW	
NATIONAL DUES (\$35.00) TAX DEDUCTIBLE	\$	National Dues and Contributions help support the Objectives of the Society; to honor, preserve, promote, and perpetuate the proud tradition of American Military Services, with particular emphasis on the military contributions of those of Scottish origins.		
VOLUNTARY CONTRIBUTION TAX DEDUCTIBLE	\$	Dues also cover the Membership Certificate, SAMS Patch, SAMS Crest Pin that are included in the New Member Packet.		
TOTAL TAX DEDUCTIBLE	\$	Our Fiscal Year is July 1st to June 30th. Bylaws and Dress Code files are located on the SAMS National Website. <b>www.s-a-m-s.org</b>		

Make checks payable to **SAMS NATIONAL** and mail with supporting documents to:

MILITARY ID VERIFIED BY:	
SAMS R#	DATE://
POST# AND OFFICE HELD:	

JASON HUDSON, NATIONAL COMPTROLLER					
220 SPRINGLAKES ESTATES DR LYMAN, SC 29365					
864-415-0571 / naticomptroller@s-a-m-s.org					

## FOR NATL, ADMIN, USE ONLY: S

FOR NATL. ADMIN. US	SE ONLY:	Date Received to Natl /	
SNID [ ] R#	Date Entered SNID & Assigned R#/	Date NMP Mailed / /	
QB [ ] CK#	POINT OF SALE: SQUARE [ ] CREDIT CARD: MC [ ] V	ISA[] AMEX[] DISCOVER[]	