

LINEAL DESCENDANT EXAMPLE



Scottish American Military Society National Member Application

www.s-a-m-s.org



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 NAME | | | EMAIL | |
| MAILING ADDRESS | | | | | | | |
| STREET | | | | CITY | | STATE | ZIP CODE |
| PHONE | | POST # | GENDER | DATE OF BIRTH over 18 | DATES OF MILITARY SERVICE | | |
| WITH AREA CODE | | | M [] F [] | MM/DD/YYYY | FROM: MM/DD/YYYY | TO: MM/DD/YYYY | |
| | | | | ___/___/___ | ___/___/___ | ___/___/___ | |
| MILITARY SERVICE | ACTIVE DUTY [] VETERAN [] NATIONAL GUARD [] RESERVE [] | | | | | | |
| BRANCH OF SERVICE | ARMY [] NAVY [] AIR FORCE [] MARINES [] COAST GUARD [] SPACE FORCE [] | | | | | | |
| PAST OR PRESENT BRITISH COMMONWEALTH FORCES | | | BRANCH | | FROM: MM/DD/YYYY | TO: MM/DD/YYYY | |
| | | | | | ___/___/___ | ___/___/___ | |
| ARE YOU A SPOUSE [], WIDOW/WIDOWER [], OR LINEAL DESCENDANT [] OF PAST OR PRESENT MEMBER OF US ARMED FORCES OR ACTIVE ROTC CADET. | | | | | NAME OF PAST OR PRESENT SAMS MEMBER | | R# |
| | | | | | | | |
| SCOTTISH OR SCOTS-IRISH DESCENT BY BIRTH | | Yes [] No [] | SURNAME | | | THE NAME AND RELATIONSHIP OF MY ANCESTOR IS | |
| | | | | | | | |
| IF NOT OF SCOTS DESCENT, REASON(S) FOR REQUESTING MEMBERSHIP? | | | (i.e., MARRIAGE, OR RELATIONSHIP TO A SCOT/SCOTS-IRISH, OR COMMONWEALTH MILITARY SERVICE, ETC.) | | | | |
| | | | | | | | |

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. Dues also cover the Membership Certificate, SAMS Patch, SAMS Crest Pin that are included in the New Member Packet. Our Fiscal Year is July 1st to June 30th. Bylaws and Dress Code files are located on the SAMS National Website. www.s-a-m-s.org |
| VOLUNTARY CONTRIBUTION TAX DEDUCTIBLE | \$ | |
| TOTAL TAX DEDUCTIBLE | \$ | |

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 / natlcomptroller@s-a-m-s.org

| | | |
|-----------------------------------|--|------------------------------------|
| FOR NATL. ADMIN. USE ONLY: | | Date Received to Natl. ___/___/___ |
| SNID [] R# _____ | Date Entered SNID & Assigned R# ___/___/___ | Date NMP Mailed ___/___/___ |
| QB [] CK# _____ | POINT OF SALE: SQUARE [] CREDIT CARD: MC [] VISA [] AMEX [] DISCOVER [] | |