



The St. Andrew's Society of Central Florida  
**MEMBERSHIP APPLICATION**



Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ Residence: \_\_\_\_\_ Business: \_\_\_\_\_

**RESIDENCE:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**BUSINESS:**

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

**Clan Affiliation (if any):** \_\_\_\_\_

Spouse's/Children's Names: \_\_\_\_\_

Spouse's Membership: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Clan Association (if there is one): \_\_\_\_\_

Sponsored/Referred by: \_\_\_\_\_

Dues enclosed: \$ \_\_\_\_\_

**\$25.00 per year for individual membership ; \$40.00 per year for family memberships**

Return application to: St. Andrew's Society of Central Florida  
127 W. Fairbanks Avenue, #296  
Winter Park, Florida 32789

*If you have any questions please contact Erin Weimer  
at [st.andrews.society.cf@gmail.com](mailto:st.andrews.society.cf@gmail.com)*