



Membership Application Organisations

THE SOCIETY OF SCOTTISH ARMIGERS, INC.

Information Leaflet No.16
Membership Application Organisations



ORGANIZATION APPLICATION FOR MEMBERSHIP

To: LCDR John Glynn of Glynstewart, USN (Ret)
Secretary, SSA
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Brentwood, Tennessee, 37027, USA
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615-333-7382

Sirs:

We wish to apply to become an organizational member of the Society of Scottish Armigers and agree to be bound by its Constitution and Rules. Furthermore, we understand and acknowledge that membership is considered only for those organizations that have purposes consistent with the Principles of the Society; normally, this includes Clan Society and Gaelic professional, educational and cultural organizations. We further understand that organizational members constitute a non-voting category of members.

Please complete the following organizational details.

Full Name: _____

Address: _____

Telephone _____ E-mail _____

Web address: _____

Purpose and function of your organization:

When and where was the organization founded:

Is the organization incorporated and if so, where and when:

For United States organizations, what is your Employer Identification Number: _____ . Are you a 501(c) organization? _____. If so, under what subsection, e.g., (3), (4), (6), (7), (13), (19) etc.: _____.

If you have arms, are they record in the *Public Register of All Arms and Bearings in Scotland*. If so, please indicate in which Volume _____, Page _____ and date grant _____. Also, please include a JPG copy of your arms as well as a copy of your grant document.

Organization Contact Person:

Name:

Address:

Telephone Number: _____ FAX: _____

E-mail: _____

Signature _____

Title: _____ Date: _____

Please note: There is a one-time application fee of \$300.00 [USD], for membership that includes the first year's dues. Annual dues are currently \$50.00 [USD]. Your application will be presented to our Board of Governors for approval.

Please include with your application either your check made out to the Society of Scottish Armigers or a copy of your payment via the SSA website PayPal system. Note: you do not have to have a PayPal account to use the SSA website PayPal option.

Received: _____ (Date)

Forwarded for Approval: _____ (Date)

Approved: _____(Date)