



# The San Antonio Highland Games Association

P. O. Box 5526  
San Antonio, TX 78201  
(210) 240-7609

## Membership Application Individual or Family Membership

- New
- Renewal

Please print or type.

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthday: \_\_\_\_\_

List Dependent Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Birthday: \_\_\_\_\_  
\_\_\_\_\_ Birthday: \_\_\_\_\_  
\_\_\_\_\_ Birthday: \_\_\_\_\_  
\_\_\_\_\_ Birthday: \_\_\_\_\_

Please check any of the following SAHGA committees which might be of interest to you:

- Finance                       Highland Games                       Program                       Publicity
- Social
- Other (specify): \_\_\_\_\_

Membership Desired: Annual dues are payable on July 1 each year.

New members

- Individual Membership . . . . . \$15.00    joining after January 1 will be assessed one-half annual dues.
- Family Membership: . . . . . \$20.00  
Includes children under age 18

Amount Enclosed: . . . . . \$ \_\_\_\_\_

Please make checks payable to:

**THE SAN ANTONIO HIGHLAND GAMES ASSOCIATION**  
P. O. Box 5526  
San Antonio, TX 78201

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

..... (For Secretary's Use Only) .....

Date Submitted \_\_\_\_\_ Notification Sent: \_\_\_\_\_

Action Taken: \_\_\_\_\_