

Heather and Thistle Society Membership Application

Date _____

Last Name _____ First Name _____ Middle Name _____

Spouse First Name _____ Home Phone (____) - _____ - _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Business/Profession _____

Email Address: (Needed for monthly newsletter email) _____

List Children under 18 if application for family membership. Children 18 and older must have their own membership.

Interests and Hobbies _____

Clan Tartan _____

Sponsor: _____

Shall we list you in our directory? Yes No

Are you interested in serving the Society in some capacity Yes, please contact me. No, not at this time.

Membership type: Family - \$20.00 per year Single - \$15.00 per year

Includes family members under 18

New Member

Renew Membership

Please bring completed application with membership fee to the next monthly meeting held at 7:30pm on the fourth Monday of the month, September through June, or just mail it to Dr. Walter May, 6143 Sienna Arbor Lane, Houston, Texas 77041-6038.

Heather and Thistle Society meets at the St. Thomas Episcopal School 4900 Jackwood, Houston, Tx. 77096

Applicant's Signature _____

Check No. _____ Amount Paid \$ _____ Date Paid _____ Date posted to database _____