



2024 MEMBERSHIP APPLICATION

*(Scottish heritage is **not** necessary.)*

Please make checks payable to the **Taste Of Scotland Society** and mail or deliver to PO Box 2216,
Franklin, NC 28744

Type of Membership: ___ Individual (\$20) ___ Couple/Family (\$30)

Name: _____

Name of Clan/Family/District (Optional): _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Are you a seasonal resident? ___ Yes ___ No

Membership enclosed: \$ _____

Donation Enclosed: \$ _____

Total Enclosed: \$ _____

Can you also help with our organization? Please check the areas below:

- _____ *Scottish History & Tartans*
- _____ *Highland Games Information Tent*
- _____ *Special Events (Tartan Day, Taste of Scotland, Burn's Night, Highland Games)*
- _____ *Demonstrations (Music, Weaving, Spinning, Dancing, Schools, Etc.)*
- _____ *Construction, Maintenance, Repair*
- _____ *Business, Office Assistance*
- _____ *Grant Preparation*
- _____ *Other* _____

Thank you for your support! We are a 501 (c,3) non-profit organization

Webpage: tasteofscotland.org