

CALEDONIAN SOCIETY OF HAWAII

Membership Application

Dues Information

Please submit an application for each individual. Leave blank any items you do not want included..

Annual Membership is \$20.00 per member. Membership extends from July 1 to June 30 of the following year.

Donation \$_____ Donations are tax deductible.

Please send this form with your check to:

Caledonian Society of Hawaii

c/o Membership Committee, P.O. Box 4164, Honolulu, HI 96812-4164

General Information

Mr/Mrs/Ms Last Name _____ First _____ M/I _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Present/Past Occupation _____ e-mail _____

Birthdate MM/DD _____ Birthplace _____

Clan Connection _____

Need transportation to events? ___ Yes ___ No Provide transportation for other members? ___ Yes ___ No

Do you have children who would participate in Caledonian Activities? Names & Ages

Signature _____ Date _____

Print Name _____

Special Talents or Experiences to Share:

Musical talents or Instruments played? _____

Scottish family histories or experiences to share? (Briefly describe subject)

What Scottish videos, books, movies, or other items do you have to share at functions?

Volunteer Opportunities

Part of your membership responsibility is to assist occasionally with Society functions or projects.

Please indicate your areas of interest:

___ Refreshments or clean-up ___ Publicity, public relations ___ Decorating for events

___ Community education talks ___ Entertainment-piping, readings ___ Society Council

___ Society help at the Highland Games (sing-alongs, games, etc.) ___ Telephoning or reservations

Rev: 2/09