Membership Application

Triadhighlandgames.org

Mr. or Mrs.
NAME: Mr. and Mrs. _____
Ms. or Miss Last First MI

(Note that **membership cost is $25.00 per year** and includes all adult family members living under the same roof and each individual shall have a vote.)

List all family members:

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHOLE: _____
HOME WORK EMAIL

SCOTTISH CONNECTIONS (IF ANY)

TALENTS, HOBBIES, AND SKILLS OF FAMILY

HOW DID YOU BECOME AWARE OF THE TRIAD SCOTTISH GAMES?

Volunteers are needed, please circle if you would be willing to serve on any of these committees.

SOCIAL PLANNING	PIPE & DRUMMING	ENTERTAINMENT
FIELD EVENTS	BOOTH/GROUNDS	GENERAL HELP
DANCING (Highland/ Country)	PUBLICITY	OTHERS (specify)

SIGNATURE: _____ Approval of Membership Committee

DATE: _____ DATE: _____

Triad is a 501 (c) 3 non-profit organization
Life memberships are also available

Make Checks Payable to: Triad Highland Games

Address: The Triad Highland Games, Inc.
5629 Old Thomasville Rd.
Archdale, NC 27263