# 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.**
**307 Gregg Street**
**Archdale, NC 27263**