



# Membership Form

Please complete and mail to Post Office Box 31834, Seattle Washington 98103.  
Make checks payable to "Slighe nan Gaidheal"

## Contact Information

Last Name		First Name	
Address	City	State/ Prov	Zip / PC
Phone (    )	E-mail		

## Membership Type—membership year Nov 1 thru Oct 31

<input type="checkbox"/> Individual    \$35	<input type="checkbox"/> Silver (6 years)    \$150
<input type="checkbox"/> Family    \$50	<input type="checkbox"/> Gold (12 years)    \$300
Additional family members:	<h3>Membership Directory—published annually</h3> <p>I would like my contact information shared in the membership directory</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

## Special Activities

<input type="checkbox"/> Local Seirm Dues    \$40 <input type="checkbox"/> Mòd Choir Dues    \$50 (select one, not both)	<h3>Areas of Interest—in addition to the Gaelic language</h3> <table border="0"> <tr> <td><input type="checkbox"/> Traditional Dance</td> <td><input type="checkbox"/> Children's Activities</td> </tr> <tr> <td><input type="checkbox"/> Piping</td> <td><input type="checkbox"/> Clàrsach</td> </tr> <tr> <td><input type="checkbox"/> Fiddle</td> <td><input type="checkbox"/> Highland History</td> </tr> <tr> <td><input type="checkbox"/> Traditional Singing</td> <td><input type="checkbox"/> Fiber Arts</td> </tr> <tr> <td><input type="checkbox"/> Gaelic Choir</td> <td>Other _____</td> </tr> </table>	<input type="checkbox"/> Traditional Dance	<input type="checkbox"/> Children's Activities	<input type="checkbox"/> Piping	<input type="checkbox"/> Clàrsach	<input type="checkbox"/> Fiddle	<input type="checkbox"/> Highland History	<input type="checkbox"/> Traditional Singing	<input type="checkbox"/> Fiber Arts	<input type="checkbox"/> Gaelic Choir	Other _____
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## Statement of Intent

I support the purpose of Slighe nan Gaidheal which is to teach and disseminate to the general public the Scottish Gaelic language in its contemporary and historical cultural context through classes, workshops, performances, and the encouragement of its routine use

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use

Payment Received	Initials	Information Input	E-mail Sent
Ck# _____ \$ _____			