

Slighe nan



Washington's Gaelic language  
and cultural society

# Membership Form

Please complete and mail to:  
PO Box 75713 Seattle, Washington 98175  
Make checks payable to "Slighe nan Gaidheal"

|  |          |   |             |
|--|----------|---|-------------|
| <b>Contact Information</b>   |          |   |             |
| Last Name  |          | First Name  |             |
| Address  | City     | State/ Prov   | Zip / PC    |
| Phone<br>(    )  | E-mail   |   |             |
| <b>Membership Type</b>   |          |   |             |
| <input type="checkbox"/> Individual (1 year) \$35<br><input type="checkbox"/> Family (1 year) \$50<br>Additional family members:   |          | <input type="checkbox"/> Silver (6 years) \$150<br><input type="checkbox"/> Gold (12 years) \$300   |             |
|  |          | <b>Membership Directory</b>   |             |
|  |          | <input type="checkbox"/> I would like my contact information shared in the membership directory<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |             |
| <b>Special Activities</b>  |          | <b>Areas of Interest—in addition to the Gaelic language</b>   |             |
| <input type="checkbox"/> Local Seirm Dues \$40   |          | <input type="checkbox"/> Traditional Dance<br><input type="checkbox"/> Piping<br><input type="checkbox"/> Fiddle<br><input type="checkbox"/> Traditional Singing<br><input type="checkbox"/> Gaelic Choir |             |
|  |          | <input type="checkbox"/> Children's Activities<br><input type="checkbox"/> Harp<br><input type="checkbox"/> Highland History<br><input type="checkbox"/> Fiber Arts<br>Other _____                        |             |
| <b>Statement of Intent</b>   |          |   |             |
| 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 _____  |             |
| <b>Office Use</b>  |          |   |             |
| Payment Received   | Initials | Information Input   | E-mail Sent |
| Ck# _____ \$ _____   |          |   |             |