

**Scottish District Families Association**

**Please print this page out, fill in information, and mail**

**Membership Request**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**District or Clan** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**How you heard about us?** \_\_\_\_\_

**Enclose check or money order for \$15.00 for single/\$25.00 for family membership payable to  
SDFA and mail to:**

**Scottish District Families Association  
C/O Judi Lloyd  
580 N. Lands End, Apt. 11  
Stone Mountain, GA 30083**