



Association of Scottish Games and Festivals

APPLICATION FOR MEMBERSHIP

Please complete and return to:
Roberta M. Goss, 3000 Walnut Avenue, Altoona, PA 16601-1612

Date: _____

We, _____, hereby make application to join the Association of Scottish Games and Festivals (ASGF). Our check for \$95, the current year's dues, payable to ASGF, is enclosed.

The following information is submitted for the Association's membership records:

Name of Event: _____

Sponsoring Organization: _____

Address: _____

City, State, Zip: _____

Games Web Site: _____

Generic Date of Event (e.g., First Sat, July): _____

Current Year Actual Date: (2012) _____

Next Year Actual Date: (2013) _____

Venue/ Location of Event: _____

Representative: _____

Address: _____

City, State, Zip: _____

Telephone/ Fax Number(s): _____

E-mail Address: _____

Alternate Representative: _____

Address: _____

City, State, Zip: _____

Telephone/ Fax Number(s): _____

E-mail Address: _____

Actual or Average Attendance at (2007) Games _____