



CLAN DONALD, USA

MEMBERSHIP APPLICATION

www.clandonaldusa.org

Annual Dues \$30.00
 Life Membership \$500.00
 Youth Membership \$1.00
 Membership includes spouse and all dependent children until 18.

(Please **print** clearly or type)

Name: _____ Birth date: _____
Last First MI Nickname

Address: _____
Street / P.O. Box / Apartment # City State Zip Code

Home Ph: _____ Cell Ph: _____ E-mail Address: _____

Spouse's Name: _____ Nickname: _____ Birth date: _____

Dependent Children: Name: _____ Name: _____ Name: _____
 Birth date: _____ Birth date: _____ Birth date: _____

(List additional dependent children on back of application) (Space is provided on the back of this form for genealogy you wish to share)

Relationship to Clan Donald (mandatory): _____ Immigrant Ancestor* Name (if known): _____
(MacDonald or Associated Family)

From Where in Scotland:* _____ Port of Embarkation:* _____ Ship:* _____

Year: * _____ Port of Entry: * _____ Settled Where: * _____

**Completion of starred items is not mandatory for membership. They are requested for genealogical purposes only*

Scottish Interests:

- Piping/Drumming
- Highland Dancing
- Athletics
- Genealogy
- History
- Literature
- Country Dancing
- Military History
- Children (6 and under) Activities
- Youth Activities
- Working Clan Tent
- Tartans/DNA Project
- Other _____

I understand that \$2.50 of my annual dues is tax deductible and will go to the Clan Donald Foundation, Inc. (A tax-exempt charitable foundation.) First year's dues must accompany application.

Make checks payable to: "Clan Donald USA, Inc."

(Clan Donald will only release to authorized persons personally identifiable information from this registration form. Unless specifically requested not to, family history information may be shared with other Clan members engaged in family history or historical research.)

DATE: _____ SIGNATURE: _____

Mail Application to: **James McDonald VI**
Commissioner, Midwest
4108 W. Sandridge Ct.
Peoria, IL 61615

For Clan Donald Use:

DATE: _____ CLAN REP APPROVAL: _____ SOURCE: _____

DUES PAID BY: Check# _____ Date: _____ Cash Credit Card
 MEMBERSHIP PACKET: Given at Games Mailed

PRINTED NEWSLETTER REQUIRED: _____

DISTRIBUTION: _____ Regional Number Regional Roster Regional Newsletter Regional Income
 Membership Cards Regional Dep. Commissioner State Commissioner

REMINDER: The Regional Commissioner is responsible to insure that a copy of this application is mailed promptly to:
 National Membership Chair National Genealogist Regional Membership Chair

