



MEMBERSHIP APPLICATION

clandonaldusa.org

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

(Please **print** clearly or type)

Name: _____ Birth date: _____
Last First MI Nickname

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

Phone: _____
 Home Mobile 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)

Relationship to
Clan Donald (mandatory): _____
(MacDonald or Associated Family)

Immigrant/Anccestor/Oldest in your Tree – For genealogy database – Provide if known

Name: _____
(Last, First, Middle) (Year of Birth/Death) (Spouse)

Originally from: _____ Settled Where: _____
(Country / City) (US City / State / Regional Area)

Scottish Interests:

Piping/Drumming Highland Dancing Athletics Genealogy History
 Literature Country Dancing Military History Food Tartans
 Youth Activities Working Clan Tent 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. Your signature acknowledges and accepts that family history information will be shared with other Clan members engaged in family history or historical research.)

DATE: _____ SIGNATURE: _____

Mail Application to: Kevin E. McCall
North Atlantic Commissioner
14 Cliff Drive
Avon, CT 06001
By default, Newsletters will be e-mailed (Eco-Friendly).
 I wish to receive Newsletters by USPS.

For Clan Donald Use:

DATE: _____ CLAN REP APPROVAL: _____ SOURCE: _____

DUES PAID BY: Check# _____ Date: _____ Cash Credit Card Membership Packet: Given at Games Mailed

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

REMINDER: The Regional Commissioner is responsible to ensure that a copy of this application is mailed promptly to
 CDUSA Membership Secretary CDUSA Genealogist Regional Membership Secretary

