

CLAN MACLELLAN

(MEMBER, COUNCIL OF SCOTTISH CLAN ASSOCIATIONS, INC.)

MEMBERSHIP APPLICATION

<http://www.clanmaclellan.net>

(please use back of application if needed)

Date _____ Have you ever been a member of Clan MacLellan? No /Yes - M. # _____

Applicant's name _____ Maiden or Spouse's name _____

Address _____ City _____ State _____

Nine-digit zip code _____ - _____ Phone (____) _____ E-mail: _____

Applicant's date of birth: _____ Applicant's place of birth: _____

Date of Marriage: _____ Place of Marriage: _____

Applicant's children: Name	Date of Birth	Place of birth
1 _____		
2 _____		
3 _____		
4 _____		

Genealogical Information:

(list other children on back of sheet)

PLEASE provide genealogical information below on your MACLELLAN ancestor(s). **Also complete the more extensive genealogical form (a separate document).** You may use the format suggested on the form provided or any other format you wish. The information will be added to an existing family file where appropriate or assigned a new family number.

Applicant's earliest known MacLellan ancestor:

Name _____ Date & place of birth _____

Name of applicant's _____ Date & place of birth / _____ Date & place of death

Father _____

Mother _____

Grandfather _____

Grandmother _____

Applicant's Avocation and interests:

How can the Clan assist you? _____

Send completed application with check payable to CLAN MACLELLAN for \$20 US for individual membership or \$25 US for family membership. Non-US should be equivalent US dollars.

Mail to: Treasurer Kevin Gates 2610 Kuykendall Drive, Arlington, TX 76001
treasurer@clanmaclellan.net – (817) 798-8719

For Clan use only:

Check # _____ Membership # _____ (____ renewal/reinstated) Entered ____/____/20____ FF# _____

Region: __ E Central __ W Central __ Northeast __ Mid-Atlantic __ Southeast __ Southwest __ Western __ Northwest __ International

revised July 2017 Original mailed to Gen. Archivist _____ Copies emailed to Region Director, Pres, & Sr. VP _____