Clan Skene Association, Inc.

Renewal/Membership Application

Please return completed application to: Ralph Comp, Secretary Clan Skene Association, Inc. 103 Sumners Aly Summerville,SC 29485 E-Mail: rbcomp@att.net

			Date:	
Type of Membership:	Family- <u>\$25</u>	Individual- <u>\$20</u>	Associate- <u>\$20</u>	Life- <u>\$200/\$250</u>
Name:		Citizer	iship	
Address:			Phone No: (_)
City:	S	tate:	_ Zip Code:	
Occupation:	Date of	Birth:	Birth Place:	
E-Mail Address:		Fax	No: () _	
Spouse's first, middle, and s	urname (maiden na	ame if female):		
List name(s) and age(s) of c	hildren under 18 y	ears of age:		
Are you a dues-paying mem name(s) of each organization		cottish clan society	or association? If yes	, please list the
If your name is not Skene, or a Cariston, Carney/Carnie, Curri MacGalliard/Halliard, Newtyle of Associates.	ehill, Die, Diss, Dya	as, Dyce, Dyer, Dyes	s, Hall, Halliard , Halyar	rd, Hilliard,
An	Annual	nip (children under 18 ndividual Membership Associate Membership		
PLEASE NOTE: For all member complete as much of the requested Forward your completed applicati equivalent of U. S. Currency Doll	l information as possi on to the Clan Secreta ars.	ble, especially on the stry whose address is lis	urname upon which your a	pplication is based.
		Revised 15 July 2011]	.1 * 1*	
		ease do not write bel		
Recommended for membership	•	•	1 5	-
Dues received: \$	Date membersl began:		Descended fr	om:
Geneology Chart received:	Re	ceived by:		
Approved by:			Date appro	