



Clan MacGillivray Society

USA

Membership Application

U.S. Residents Only

Mail the completed application with the appropriate payment to:
Clan MacGillivray Society USA, Secretary
Pam Adams, P.O. Box 25, Montezuma, IN 47862-0025

Official Use Only

Rec'd _____

Paid \$ _____ Chk# _____

US Reg ID _____

US Soc ID _____

Sec'y Initial _____

Name _____ Birth Year _____
First Middle Surname Jr./II/etc

Street Address _____ City _____ State _____ Zip _____
+4, if known

Mailing Address _____ City _____ State _____ Zip _____
(If Different) +4, if known

Phone () _____ Email _____

Home Work

Home Work

Clan MacGillivray Connection -- If MacGillivray, in any form is *not* your surname, please describe your connection to the name – i.e., maiden name, mother's name, ancestry (give relation, if known), etc.

Are you: Born in the USA?
 Other? *State native nationality*

A Scottish Native, now U.S. resident?
Please state the number of generations removed
you are from your Scottish Immigrant ancestor,
if known. + _____

Clan Interest/Family History – Please tell us something about your interest in the Clan and/or your own family's history.

We will publish a directory of all members including name, address, phone number and email address. If you DO NOT want your personal information, other than name, included in this directory, please check this box.

Membership Categories – NOTE: All categories are potentially **Family Memberships**, applying to a spouse, children, or other related dependents at the same address.

Please choose one: Annual \$25 Term(5 years) \$100 Life \$500

Signature (required) _____ Date _____

Membership applications will only be accepted with payment by check. Make payable to:

Clan MacGillivray Society USA

Family – Please list all family members at your address to whom this membership will apply. Use back for more.

Name _____	Relation _____	Birth Year _____	Name _____	Relation _____	Birth Year _____
Name _____	Relation _____	Birth Year _____	Name _____	Relation _____	Birth Year _____
Name _____	Relation _____	Birth Year _____	Name _____	Relation _____	Birth Year _____

Referrals – Please tell us of anyone else you know, relatives or others, who might like to know about the Society.

Name _____ Name _____

Address _____ City State Zip _____ Address _____ City State Zip _____

Name _____ Name _____

Address _____ City State Zip _____ Address _____ City State Zip _____

Thank you for joining the **Clan MacGillivray Society USA!**
Your membership and support is warmly welcomed and appreciated