CLAN MACLEOD SOCIETY OF SOUTHERN ALBERTA MEMBERSHIP APPLICATION		
	APPLICANT INFORMATION	
Name:		
Year of Birth: (for age applicable activities)	Email:	Phone:
Current address:		
City:	Province:	Postal Code:
ADDITIONAL FAMILY MEMBERS		
Name (s):		
Address:		
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
ACTIVITIES YOU ARE INTERESTED IN		
Are you interested in any Clan activities for examples dancing, bagpipes, Ceildhs, genealogy, learning Gaelic		
Other Interests:		
Registration Year: 2018		
Yearly membership fee per CDN. Address \$30.00 (CDN. FUNDS). YEARLY MEMBERSHIP NON-CANADIAN ADDRESS \$35.00 (CDN. FUNDS) \$5.00 SURCHARGE FOR HANDLING PLEASE MAKE CHEQUES PAYABLE TO THE CLAN MACLEOD SOCIETY OF SOUTHERN ALBERTA PLEASE REMIT TO: CMSSA #224, 16 MIDLAKE BLVD. SE, CALGARY, ALBERTA T2X 2X7		
EACH PAID MEMBERSHIP OF THE CMSSA WILL RECEIVE BY MAIL THE SPRING & FALL ISSUES OF THE LEOD VOICE (OUR CANADIAN PUBLICATION) AND SPRING & FALL ISSUES OF THE MACLEOD MAGAZINE (OUR INTERNATIONAL PUBLICATION) AS WELL AS INVITATIONS TO OUR MEETINGS, ACTIVITIES AND THE FRIENDSHIP, CAMARADARIE AND FUN.		
CMSSA CONTACT INFORMATION		
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SIGNATURES		
I submit this application and the foregoing information is true to the best of my knowledge. I acknowledge receipt of the CMSSA Bylaws. By my signature I give permission to share my email within the Clan membership only and I agree to receive communications from the Society regarding Society business via email.		
Signature of applicant:		Date:
Signature of spouse (only if for a joint membership):		Date:
EACH PAID MEMBERSHIP OF THE CMSSA WILL RECEIVE BY MAIL THE SPRING & FALL ISSUES OF THE LEOD VOICE (OUR CANADIAN PUBLICATION) AND SPRING & FALL ISSUES OF THE MACLEOD MAGAZINE (OUR INTERNATIONAL PUBLICATION) AS WELL AS INVITATIONS TO OUR MEETINGS, ACTIVITIES AND THE FRIENDSHIP, CAMARADARIE AND FUN.   CMSSA CONTACT INFORMATION   WEBSITE: www.clanmacleod.ca   Mailing Address: #224, 16 Midlake Blvd. SE, Calgary, AB T2X 2X7   SIGNATURES   I submit this application and the foregoing information is true to the best of my knowledge. I acknowledge receipt of the CMSSA Bylaws. By my signature I give permission to share my email within the Clan membershi only and I agree to receive communications from the Society permission is via email.   Signature of applicant:		