

MacLeods of Glengarry

Membership Application

First Name: _____ Family name: _____
Address 1: _____
Address 2: _____
City: _____ Province: _____ Postal Code: _____
Phone Number _____ e-Mail _____

Other family members covered by this application

Name 1: _____
Name 2: _____
Name 3: _____
Name 4: _____

Comments or Query

Please mail this application form and a cheque for \$25.00 per family per
year to:

Joan Mac Ewan, PO Box 192, Ingleside ON K0C 1M0

Make Cheque payable to MacLeods of Glengarry Society