

CLAN DONNACHAIDH SOCIETY
NORTHEAST BRANCH

MEMBERSHIP APPLICATION

NAME _____ TELEPHONE () _____

STREET _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

PLACE OF BIRTH _____ NAME OF SPOUSE _____

OCCUPATION _____

If your surname is NOT one of the recognized Septs of the Clan, please state your relationship to the Clan

Northeast Branch membership only (does not include International) _____ \$10.00

Donation to our Clan Scholarship Fund _____

Total Included _____

Family members are included in all Clan functions

Children under 18 are also included in all Clan functions. Please write their names and year of birth.

SIGNATURE _____ DATE _____

Please state any talents or interests you wish to contribute. Would you be interested in serving as an elected officer of the Society? _____

Please complete this application and with a check payable to Clan Donnachaidh Society, mail to:

Susan P. Newton, Secretary
Clan Donnachaidh Society Northeast Branch. Inc
18 Baldwin Road, Sebago, ME 04029

VERY IMPORTANT

Please PRINT your full name(including middle name and academic initials, if you wish) precisely as you wish to have it engrossed on your membership certificate. **Please print clearly.**

NAME _____