

CLAN MACLELLAN

MEMBERSHIP APPLICATION

(please use back of application if needed)

(MEMBER, COUNCIL OF SCOTTISH CLAN ASSOCIATIONS, INC.)

<http://www.clanmaclellan.net>

Date: _____ Have you ever been a member of Clan MacLellan? No /Yes M. # _____

Applicant's name: _____ Maiden or Spouse's name: _____

Address: _____ City: _____ State: _____

Nine-digit zip code: _____ - _____ Phone: (____) _____ E-Mail: _____

Applicant's date of birth: _____ Applicant's place of birth: _____

Date of Marriage: _____ Place of Marriage: _____

Applicant's children: Name	Date of Birth	Place of birth
1: _____		
2: _____		
3: _____		
4: _____		

Genealogical Information: (list other children on back of sheet)

PLEASE provide genealogical information below on your MACLELLAN ancestor(s). **Also complete the more extensive genealogical form (a separate document).** You may use the format suggested on the form provided or any other format you wish. The information will be added to an existing family file where appropriate or assigned a new family number.

Applicant's earliest known MacLellan ancestor:

Name	Date & place of birth
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Name of applicant's	Date & place of birth /	Date & place of death
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Father: _____

Mother: _____

Grandfather: _____

Grandmother: _____

How can the Clan assist you? _____

Clan Memberships Dues are Individual \$25/yr. Family \$30/yr. Lifetime \$300

Send completed application with check payable to CLAN MACLELLAN Non-US should be equivalent US dollars

Mail to: Kevin S Gates, Treasurer, 2610 Kuykendall Dr Arlington, TX 76001-6726;

Email: treasurer@clanmaclellan.net — Phone number 817-798-8719

For Clan use only:

Check # _____ Membership # _____ (____ renewal/reinstated) Entered ____/____/20 ____ FF# _____

Region: ____E Central____W Central____Northeast Mid____-Atlantic____Southeast____Southwest____Western____ Northwest____International

revised July 2024 Original e-mailed to Gen. Archivist____Copies of emailed to Region Director, Pres, & Sr. VP____