## **CLAN MACLELLAN**

## MEMBERSHIP APPLICATION

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

http://www.clanmaclellan.net

(please use back of application if needed)  DateHave	e you ever been a r	nember of C	lan MacLellaı	n? No /Yes - M. #	
Applicant's name	Maiden or	Maiden or Spouse's name			
		City	CityState		
Nine-digit zip code	Phone (	)	E-mail:_		
Applicant's date of birth:	Ap	Applicant's place of birth:			
		Place of Marriage:			
Applicant's children: Name	Date of Birtl	Date of Birth		Place of birth	
1					
2					
3					
4					
Genealogical Information:					
PLEASE provide genealogical information genealogical form (a separate document) The information will be added to an existin Applicant's earliest known March 1985.	. You may use the for g family file where ap	mat suggested or ass	on the form prov	rided or any other format you wish.	
Name	ame Date & place of birth				
Name of applicant's	Da	Date & place of birth / Date & place of death			
Father					
Mother					
Grandfather					
Grandmother					
Applicant's vocation: Avocation and interests:					
How can the Clan assist you?					
Send completed application with omembership or \$25 US for family Mail to: John B. McClellan, Jr., Tretreasurer@clanmaclellan.net - 469	membership Non asurer, 383 Ash Br	n-US should rook Lane, S	be equivalen	t US dollars 75182-3250; Email:	
For Clan use only:  Check # Membership #	(	vol/noinetete 1	Entored /	/20 EE#	
Check # Membership #					
<b>Region:</b> E CentralW CentralNorther revised July 2017 Original mailed to Gen. A					
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