CLAN MACLELLAN MEMBERSHIP APPLICATION

(please use back of application if needed)		(MENDER, COUNCIL OF SCOTTISH CLAN ASSOCIATIONS, INC.) http://www.clanmaclellan.net		
Date: Have you	ever been a member of Clan M	*		
Applicant's name:				
Address:				
Nine-digit zip code:	Phone: ()	E-Mail:		
Applicant's date of birth:	Applicant's place of birth:			
Date of Marriage:	Place of Marriage:	Place of Marriage:		
Applicant's children: Name	Date of Birth	P	lace of birth	
1:				
2:				
3:				
4:				
Genealogical Information:	logical Information: (list other children on back of sheet)			
The information will be added to an ex Applicant's earliest known Ma Name	cLellan ancestor:	-	number.	
Name of applicant's	Date & pl	ace of birth /	Date & place of death	
Father:				
Mother:				
Grandfather:				
Grandmother:				
How can the Clan assist you?				
Clan Memberships Dues are In Send completed application with check			lent US dollars	
Mail to: Kevin S Gates, Treasur Email: treasurer@clanmaclellan	•		5;	
For Clan use only:				
Check # Membership #	(renewal/reinstated) Entered	1 <u>//20</u> FF#_	<u> </u>	
Region:E CentralW CentralN				
revised July 2024 Original e-mailed to	Gen. ArchivistCopies of emailed	d to Region Director, P	res, & Sr. VP <u>.</u>	