



**INTERNATIONAL
CLAN MACFARLANE
SOCIETY, INC.**



ATTN: MEMBERSHIP
PO BOX 398 • GLENDORA, CA 91740 • USA
MEMBERSHIP@MACFARLANE.ORG

MEMBERSHIP APPLICATION

MEMBERSHIP GOOD FOR ONE (1) YEAR FROM INCEPTION, EXCEPT FOR LIFETIME MEMBERSHIP

- | | |
|---|---|
| <input type="checkbox"/> Individual: \$20 | <input type="checkbox"/> Associate: \$20 |
| <input type="checkbox"/> Family: \$30 (include names of Spouse/Children under 18) | <input type="checkbox"/> Lifetime (Over 65): \$200 |
| <input type="checkbox"/> Junior: \$15 | <input type="checkbox"/> Lifetime (under 65): \$400 |

Check or Money Order accepted. Submit this completed form with your payment (payable to Clan MacFarlane Society, Inc.) to the address above.

YOUR INFORMATION

NAME:		BIRTH DATE:	
SPOUSE:		BIRTH DATE:	
ADDRESS:			
CITY		STATE:	ZIP:
EMAIL:		PHONE:	
CHILD'S NAME:		BIRTH DATE:	
CHILD'S NAME:		BIRTH DATE:	
CHILD'S NAME:		BIRTH DATE:	
CHILD'S NAME:		BIRTH DATE:	
HOW DID YOU HEAR ABOUT US?			

I ENROLLED...

- Online
- Highland Games / Clan Tent @ _____
- Other @ _____

GENEALOGY INFORMATION

	NAME	BIRTH DATE	PLACE OF BIRTH
FATHER			
MOTHER			
GRANDFATHER			
GRANDMOTHER			
GGRANDFATHER			
GGRANDMOTHER			
GGRANDFATHER			

By submitting this application, I hereby consent to allow the International Clan MacFarlane Society, Inc to store and use my personal information to contact me with regards to Society enrollment, information, and activities, including but not limited to, enrollment as a member of the ICMS website MacFarlane.org. I also consent to receiving communications, including the Society newsletter, MacFarlane's Lantern, until such time as I opt out.**

SIGNATURE: _____ **DATE:** _____

All information provided is considered private and for ICMS use only. For more information on our privacy policy, please visit: MacFarlane.org/privacy-policy