



# CLAN DONALD USA

## MEMBERSHIP APPLICATION

- Annual Dues \$25.00  
 Life Membership \$500.00  
 Membership includes spouse and  
 All dependent children under 18

(Please print clearly or type)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last First MI Nickname

Address: \_\_\_\_\_  
Street / P.O. Box / Apartment # City State Zip Code

Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Dependent Children: Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_

*(List additional dependant children on back of application)*

Relationship to Clan Donald: \_\_\_\_\_ Immigrant Ancestor\* Name (if known): \_\_\_\_\_

From Where in Scotland:\* \_\_\_\_\_ Port of Embarkation:\* \_\_\_\_\_ Ship:\* \_\_\_\_\_

Year: \* \_\_\_\_\_ Port of Entry: \* \_\_\_\_\_ Settled Where: \* \_\_\_\_\_

*\*Completion of starred items is not mandatory for membership. They are requested for genealogical purposes only*

### Scottish Interests:

- Piping/Drumming     Highland Dancing     Athletics     Genealogy     History  
 Literature     Country Dancing     Military History     Children Activities  
 Youth Activities     Working Clan Tent     Other: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I understand that \$3.00 of my annual dues will go to the Clan Donald Foundation, Inc. (A tax-exempt charitable foundation.) First year's dues must accompany application. Make checks payable to: Clan Donald USA.

Mail Application to:  
 Stan Darroch  
 Mid-East Regional Commissioner  
 6907 Hard Rock Court  
 Alexandria, VA 22306

### For Clan Donald Use:

DATE: \_\_\_\_\_ CLAN REP APPROVAL: \_\_\_\_\_ SOURCE: \_\_\_\_\_

DUES PAID BY:  Check# \_\_\_\_\_ Date: \_\_\_\_\_  Cash    MEMBERSHIP PACKET:  Given at Games     Mailed

DISTRIBUTION: \_\_\_\_\_ Region Number     Region Roster     Region Newsletter     Region Income  
 Membership Cards     Region Dep. Commissioner     State Commissioner

**REMINDER: The Regional Commissioner is responsible to insure that a copy of this application is mailed promptly to:**  
 National Membership Chairman     National Genealogist     Region Membership Chairman

