



Clan Macnachtan Association

Worldwide
A Nonprofit Corporation

Membership Form

Honorary President: Sir Malcolm Macnaghten of Macnaghten, Bart., Chief of the Clan

Date: ___/___/20___

PLEASE PRINT

Name: _____ Address: _____

City: _____ State/Country: _____ Zip: _____

Telephone: (____) _____ Date of Birth: (at least MONTH) _____ E-mail address _____

If family membership,

Spouse's First name: _____ Middle: _____ Birth Date: _____

Children's First Name: _____ Middle: _____ Birth Date: _____

Children's First Name: _____ Middle: _____ Birth Date: _____

Children's First Name: _____ Middle: _____ Birth Date: _____

Children's First Name: _____ Middle: _____ Birth Date: _____

Children's First Name: _____ Middle: _____ Birth Date: _____

I/We wish to become affiliated with **Clan Macnachtan Association - Worldwide.**

Check **one** option **in each** column below.

- | | |
|---|--|
| New Membership: <input type="checkbox"/> | Individual Membership: <input type="checkbox"/> US \$ 20.00 |
| Membership Renewal: <input type="checkbox"/> | Family Membership: <input type="checkbox"/> US \$ 20.00 |
| *Associate Membership: <input type="checkbox"/> | Lifetime Membership: <input type="checkbox"/> US \$300.00 Payment-in-Full, or <input type="checkbox"/> US \$25 first payment. I pledge to pay the remainder of my commitment in 11 Monthly/Quarterly installments of US \$25.
(Circle desired interval) |

Cash Amount US \$ _____ Enclosed is my check for US \$ _____ Check No _____

Note: *Associate Memberships must be reviewed by the Clan officers for initial approval. Afterwards please check renewal line.

CLAN CONNECTIONS: (Where do you inherit the name Macnachtan / MacNaughton or any other SEPT Name? _____)

The list of SEPTS can be found on the Association Website: www.clanmacnaughton.net

DOB= Date of Birth DOD= Date of Death

Father _____ Paternal Grandfather _____ Paternal Grandmother _____

DOB _____ DOD _____ DOB _____ DOD _____ DOB _____ DOD _____

Mother _____ Maternal Grandfather _____ Maternal Grandmother _____

DOB _____ DOD _____ DOB _____ DOD _____ DOB _____ DOD _____

Other : (Explain) _____

Please make checks payable to: **Clan Macnachtan Association** and mail to:
(International – Please remit in **US** funds)

Game: _____

Recruited by: _____

Membership Secretary
Mary Nivison Burton
575 Harrison Street
Lebanon, OR 97355
membersec@clanmacnaughton.net

FOR OFFICE USE ONLY: Date Rec'd _____ Check Date: _____ E-Mail Sent _____			
TYPE _____	Card# _____	Expiration Date: _____	Check #: _____
Recorded in Clan Database: _____	Master membership List: _____	Card Sent _____	Check Deposited: _____