



MEMBERSHIP APPLICATION

Vive Ut Vivas "Live So That You May Live"

Please return this form to: Pamela Hall, Membership Secretary
CLAN HALL SOCIETY
8872 Bison Place
Gold Hill, OR 97525 USA

NEW

RENEWAL

Membership type: Individual; Family; Associate; Life Date: _____

Name: _____ Citizenship: _____

Address: _____ Phone: _____

City, State, and Zip Code: _____

E-Mail address: _____ Occupation: _____

Date of Birth: _____ Birthplace: _____

Spouse's First, Middle, and Surname (*maiden name for females*): _____

List name(s) of any children under the age of 18 years:

Are you a dues paying member of any other Scottish Clan Society or Association? Yes, or No
If yes, please list the name(s) of each:

Briefly describe your relationship to the CLAN HALL. Allied and dependant families include: Collingwood, Crispin, De Aula, FitzWilliam, Hal, Hale, Halle, Haul(e), Haugh, Haw, MacHale, and MacHall. Associate members are also welcome.

DUES: Annual FAMILY Membership (children under the age of 18 years are free: \$20.00; Annual INDIVIDUAL or ASSOCIATE Membership dues: \$15.00; LIFE Membership: 15 years of the Annual Dues to be paid at beginning of membership application. **** INTERNATIONAL Members, please add \$2.00.**

Please complete as much of the requested information as possible, especially on the *surname* upon which your Membership Application is based. When completed, please return your Membership Application, dues, and Genealogy Charts, to the above address. Please make your check or money order payable to: CLAN HALL SOCIETY.

Applicant please do not write below this line (for official use only)

Recommended for membership by: _____

Membership type: _____ Dues received: \$ _____

Date membership began: _____ Descended from: _____

Received by: _____ Date Received: _____

Approved by: _____ Date: _____

