



Clan MacTavish

APPLICATION FOR MEMBERSHIP

(Please print clearly)

Name: _____
Title (Dr/Mr/Mrs/etc) First Middle Last

Date of Birth: _____ Place of Birth: _____

Spouse's Name: _____
Title First Middle Last if different

Current Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell: (____) ____ - ____

E-Mail 1: _____ E-Mail 2: _____

What Surname do you think connects you to this Clan? _____

Relative that had that name: Self ___ Other _____

Any other Scottish Interests/Affiliations? _____

Dues paid: ___\$30 (typical yearly) ___\$20 (65 and older) ___\$300 (\$200, 65 and older) life member

Would you be interested in volunteering your time for Clan projects etc.? Yes ___ No ___

May Clan MacTavish share your address, phone number and email address with other members of Clan MacTavish? Yes ___ No ___

All of your personal information will be safeguarded. We will use this information for administrative purposes and the day-to-day business of the Clan. The Chief will have access to your information. However, we do not release any information to any entity outside Clan MacTavish except when ordered by a U.S. court or when necessary to complete an order placed by you or complete a direction given by you. For a copy of our complete privacy policy, please contact the Clan MacTavish Treasurer, Sherry Thompson, at 23 Garland Road, Lancaster, NH 03584.

Your Signature: _____ Date: _____

Mail to: Clan MacTavish, Treasurer, 23 Garland Road, Lancaster, NH 03584

INSTRUCTIONS

At Events, give this form to the attending Commissioner or their designated Conveners.

All spaces must be completed or marked n/a. If the applicant does not know the answer please mark as "unknown."

Senior applicants must be 65 years of age or older.

Applications must be kept in a safe and restricted place, such as closed file folders or accordion folders. This is a requirement of our Privacy policies and the Privacy Act and a breach could expose Clan MacTavish to federal penalties.

Each form must be signed by the Commissioner, or in his absence at the Games, the person assuming responsibility for the "tent", or if mailed, the Clan MacTavish Treasurer.

All applications are to be mailed with the dues collected to the treasurer:

**Clan MacTavish
Treasurer
Sherry Thompson
23 Garland Road
Lancaster, NH 03584**

OFFICIAL USE ONLY

(In the event cash is given, a money order made out to Clan MacTavish, in the amount of all cash collected at the games should be sent to the Treasurer along an explanation of funds collected.)

Event Name: _____ Event Date: _____

Region: _____ Membership Type: Supporting - \$30 Senior - \$20 Life - \$300/\$200

Amount paid: \$ _____ Cash Check # _____ Other _____

Misc Information: _____

Commissioner Signature: _____ ID #: _____

PLEASE MAKE CHECKS OUT TO CLAN MACTAVISH

MEMBERSHIP SECRETARY USE ONLY New Assigned ID #: _____

Source of application: _____ Sent by: _____

Date entered: _____ Date Certificate: _____

Date Welcome letter & New Member Packet mailed: _____