

## APPLICATION FOR MEMBERSHIP

## THE CALEDONIAN SOCIETY OF NEW ORLEANS

turn form to: Christyn El	liott, Membership C	Chair P. O. Box 4	Bush, LA 70431
eck one of the following:			
mbership Levels: nily = adults & minor children	Family (\$25) Student = Enrolled	Single (\$20) I college student between 18	Student (\$10) 8 & 25
Full name of applican	t		
	(First)	(Middle/Maiden)	(Last)
Full name of spouse			
(if applicable)	(First)	(Middle/Maiden)	(Last)
For Family Members	hips, list names and	ages of minor children:	
Name			Age
Name			Age
Name			Age
Home Address			
Mailing Address (if di	fferent)		
Phone Numbers (w/ a it is where indicated	rea code): Please spec	cify type (whether home, cell	l or business) and whose pho
()	( )	( )	( ) .
(type and whose)	(type and whose)	(type and whose)	(type and whose)
E-mail address			

II.	Occupation:			
		(applicant)	(spouse)	
III.	Place of Birth:			
	D 6D 1	(applicant)	(spouse)	
IV.	Date of Birth:	(applicant)	(spouse)	
V.	To which Scottish Clan(s) (if any) are you affiliated?			
VI.	How did you learn o	of the Caledonian Society of New	Orleans?	
VII. two c	<del>-</del>	zations, societies, or clubs do you ntact person and phone number f	hold membership? Please list at least or each.	
	SWERS TO VIII & IX A *Family research/inf	ARE OPTIONAL) Formation you would like to share	:	
IX. and/o	*Note your areas of or research below:	interest (I) / participation (P) / exp	pertise (E) in the fields of Celtic study	
MUS	SIC: Piping	DrummingSinging DANG	CING: HighlandCountry	
HIS	ΓORY: Herald	ry Genealogy/DNA Li	terature Archaeology	
CUL	TURE/ARTS:	Travel Culinary Craf	fts Clothes	
		· · · · · · · · · · · · · · · · · · ·		
Χ.		S Check nd cash in the mail – check or mo	_ **Cash Money Order ney order only	
	Applicant's signature	2		
	Spouse's signature _ (if applicable)			
	Date			