

Qualifications for Associate Membership

- Associate Membership shall be open to anyone who strongly believes that their family is eligible for regular membership, but, through no fault of their own, have been unable to verify their genealogical connection to Clan Lindsay;

OR

- Anyone who has a genuine interest in furthering the aims and ideal of the Clan, but have no genealogical connection to Clan Lindsay.

- Associate Members must pay the initiation (application) fee and annual dues as set from time to time by the Council.

Scroll Down for Form

Mail to:

Clan Lindsay Association, USA, Inc. Registrar
P O Box 1672
Loveland, CO 80538

www.ClanLindsayUSA.org

Print Application

For Office Use Only	
Date Received:	
Reference No:	
Area Representative:	
Processed By:	

INSTRUCTIONS

- Complete this form.
- Mail your check and this form to the Registrar with checks payable to Clan Lindsay Association USA, Inc.
- Individual membership - \$25.00 plus a one-time fee of \$5.00
- Family membership - \$35.00 plus a one-time fee of \$5.00

Print Your Full Name (As you would like it on Your Certificate):

Individual _____ Family _____

Please Print:

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

For a FAMILY Membership, please provide the information requested on Page 2.

I understand the information on this application is not a public record and will only be used within this organization. I further understand that the Associate Membership DOES NOT include the privilege to vote or hold elected office or membership on the governing Council of this organization.

Signature

Date

MEMBERSHIP TYPE

Please indicate the desired Membership Type
(NEW member: add a one-time only processing fee of \$5.00)

Membership One Year:

_____ Individual Member \$25.00

_____ Family Member \$35.00

For a Family Membership, please fill out the following with the name of your spouse and minor children (18 and under)

Spouse _____

Child 1 _____ DOB _____

Child 2 _____ DOB _____

Child 3 _____ DOB _____

Child 4 _____ DOB _____

Child 5 _____ DOB _____

Child 6 _____ DOB _____