



Clan Morrison Society of North America

Membership Application Form

PLEASE PRINT CLEARLY

Membership is by the calendar year and due by January 31st.

New memberships paid after October 1st will run through the end of the next year.

Please select the type of membership:

☐ Annual Membership (Jan 1 – Dec 31) - \$25 USD first year.

☐ Life Membership - \$350 USD

☐ Life Membership if 65 or older - \$200 USD

☐ Donation to the Society (General Fund/Operating Expenses)

Payment must accompany this application.

NAME: _____
(First) (Middle) (Last)

MAILING
ADDRESS: _____
(Number, PO Box, Street Name and Apt#)

(City) (State/Province) (Zip/Postal Code)

PHONE: _____ *EMAIL: _____

===== **GENEALOGICAL INFORMATION:** =====***EMAIL REQUIRED FOR NEWSLETTER**

Date of Birth: _____ Place of Birth: _____
(City, State, Province, Country)

FATHER'S NAME: _____

MOTHER'S NAME: _____

(Please include Mother's maiden name or family name if another form of Morrison, Gilmore, or Brieve)

Membership in the Clan Morrison Society of North America is generally, but not limited to, those persons having, by birth, marriage, or adoption, the name of some form of Morrison, Gilmore, or Brieve; or descended from such a person. If you or one of your parents does not have those names, list below your nearest relative with one of those names.

NAME OF
RELATIVE: _____ RELATIONSHIP: _____

APPLICANT'S
SIGNATURE: _____ DATE: _____

=====

DO NOT SEND CASH!

All checks/money orders must be in US funds.

Send completed application with check/money order to:

Clan Morrison Society of North America

Attn: Membership

P. O. Box 973

Locust Grove, VA 22508-0973

For Convener Use Only

Event: _____

Convener: _____

Rev: (2026) 8/13/2026