



Clan Moffat Society

Membership Application



Please Print: Only one name per Enrollment Form

Mr. Mrs. Ms. Miss Other _____

FIRST NAME (Given Name)

MIDDLE NAME

LAST NAME (Family Name)

MAIDEN NAME (IF APPLICABLE)

MAILING ADDRESS

SUITE / APT.

CITY

STATE

ZIP CODE

-

COUNTRY

INTERNATIONAL POSTAL CODE

HOME PHONE

BUSINESS PHONE

-

EMAIL ADDRESS

PLACE OF BIRTH

DOB _____
DAY

MONTH

YEAR

MEMBER OCCUPATION / TRADE: _____

GENDER MALE FEMALE

MARITAL STATUS Married Single Divorced Widowed

NUMBER OF CHILDREN 0 1-2 3-4 5+

NAME OF SPOUSE (Given Name)

DOB _____
DAY

MONTH

YEAR

List children 18 years or younger here: _____

This application was taken at: _____
LOCATION OR EVENT DATE NAME OF CONVENOR

Check Appropriate Box

USD \$35.00 Annual Membership (USA and the world)

USD \$500.00 LIFE MEMBERSHIP

USD \$1,000.00 PATRON MEMBERSHIP

Is this a renewal?

(Membership Number)

I apply for membership in the CLAN MOFFAT SOCIETY by virtue of my family name — MOFFAT, or _____, which is one of the recognized variations of spelling of the name, or by my _____ (mother, grandmother, etc.)

whose name is (or was) _____.

I understand this application is subject to review and approval by the Membership Committee, and assure the committee that my name, or person's name through whom I applied is of Scottish origin.

Signature _____ Date _____

Please submit a check for the appropriate amount with this application. Send to:

Clan Moffat Society Membership
Roger Moffat
3020 76th St SE
Caledonia MI 49316-8398