



Membership Form 2020

CLAN MACLEOD SOCIETY OF AUSTRALIA (S.A.) INC.

Secretary
Rachel Hopkins
6 Helsinki road
Hackham West SA 5163
rachelhopkins70@gmail.com

I
[Full Name with Preferred Name]

of **Post code**
[Residential Address] (Please circle **YES** or **NO** giving consent to publish)

..... **Post Code**
[Postal Address] (**Required**)

Phone(s) **Email**

hereby apply to become a member of the Clan Macleod Society of Australia (SA) and enclose my Annual Subscription Fee, according to the Membership & Fees Schedule. In the event of my admission as a member, I /we agree to be bound by the Rules of the Association during that term.

Where the name is other than a MacLeod, a recognised Sept or adherent of the Clan, a descendant or a spouse of then please state below your ties and affinity with this Clan.

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Family members may apply for any of the memberships listed below. Applicants over 18 years please sign individually.

Type of Membership applied for

<i>MacLeods, Septs of the MacLeod Clan, recognised adherents, their spouse & descendants</i>	Rate	Total
ORDINARY MEMBER (single, adult, full membership) First member	\$25	
<i>For those with no traditional or family ties to the Clan, but seeking affinity with it</i>		
ASSOCIATE MEMBER (single, adult, limited membership) First member	\$25	
ADDITIONAL Ordinary or Associate: - (household memberships for spouse and/or offspring) (Names below *)	\$10	
JUNIOR MEMBER (single, u/18, non-voting)	\$10	

Optional payments

<i>Clan MacLeod Magazine</i> (Before end February) = 2 issues per annum	\$16	
<i>Scottish Associations Calendar Booklet (Date Book)</i>	\$2	
Donation	\$	

Total Enclosed \$.....

*Name household member(s) applying on other attached form(s)

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(Optional) Non-member, Spouse/Children at home

Elect. transfer:- BSB 105-900 Acc. 950633940 (Reference: Your full name and post code) or Make cheque payments to: Clan MacLeod Society of Australia (S.A.) Inc. Send cheque with form to: The Treasurer, 90 Northbri Avenue, Salisbury East, South Australia 5109
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Signature of applicant Date Treasurer received Council approved