



Clan Buchanan Society International, Inc.

Membership Renewal

Individual or Family (Circle One) Full or Associate (Circle One)

Name: _____ **Maiden Name:** _____

Birth Date and Place (mm/dd/yyyy – city and state): _____

Companion: (Family App) _____ **Maiden Name:** _____

Birth Date and Place (mm/dd/yyyy – city and state): _____

Family Renewal: List children under age 18 on the back of the form

Street: _____

City: _____ **State:** _____ **Postal Code:** _____

Home Phone: _____ **Other Phone:** _____

Email Address: _____

Clan family or Sept: _____

I/we can be reached on Facebook by the name: _____

How do you receive "THE BUCHANAN BANNER?" *Download* *Printed* *Not Receiving*

Could you serve on a CBSI committee? What topic? *Locally* *Regional*

Can you serve as an event convener? *Which Event?*

Can you assist in a clan booth? *Which Event?*

Are you planning to attend an event in the coming year?

Can you provide family history information to clan genealogist?

Schedule of Fees (Circle Selection Below)

Type of Membership	Within USA	Outside USA Use Credit or Debit Card
Annual	\$ 25.00	US\$ 40.00
Annual Senior (70+) 1st year	\$ 25.00	US\$ 40.00
Annual Senior Renewal	\$ 15.00	US\$ 30.00
Sponsor (4 year)	\$ 75.00	US\$ 105.00
Life	\$ 500.00	US\$ 625.00

Cash: (event only) ____ **Check Number:** _____ **Credit/Debit:** _____ *Give details on the back*
DO NOT MAIL CASH

Write check or money order to: **Mail to: Graeme P. Watson, Membership Secretary**
Clan Buchanan Society International, Inc. **128 Oak Haven Drive, Statesville, NC 28625-9114**

Event: _____ **Date:** _____

Convener: _____ **GIVE RECEIPT FOR CASH**

Items Given: Banner ____ **Packet** ____ **Card(s)** ____ **Lapel Pin(s)** ____ **Other (specify)** _____

List children under 18 years of age here

Full name

Birth Place

Birth date

When paying by Credit/Debit Card – Renewal will be effective upon payment of PayPal Invoice

Credit Card Information: (You will receive a PayPal Invoice – you do not need to have a PayPal account)

Name on Card: _____

Mailing Address: _____

EMAIL ADDRESS of card holder: _____

Required to send the PayPal invoice

Phone number of card holder: _____