



# Clan Buchanan Society International, Inc.

## Membership Application

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 App: List children under age 18 at the bottom of the form

Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby apply for membership in the Clan Buchanan Society International, Inc.:

\_\_\_\_ by virtue of my family name being Buchanan.

\_\_\_\_ by virtue of my family name \_\_\_\_\_ which is a recognized Sept of the Clan Buchanan.

\_\_\_\_ by my connection to Clan Buchanan through the following person.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Connection: \_\_\_\_\_

\_\_\_\_ by my Scottish ancestry by virtue of \_\_\_\_\_

\_\_\_\_ by my sincere interest in all things related to the heritage of Scotland, I hereby apply for *Associate Membership* in the Clan Buchanan Society International, Inc.

### 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+) 1 <sup>st</sup> year	\$ 25.00	US\$ 40.00
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:  
Clan Buchanan Society International, Inc.

Mail to: *Graeme P. Watson, Membership Secretary*  
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

# The Names that shall be recognized as Septs for Membership in this Society shall be:

Bohanon	McCaslin	MacInally	*Morrison of Perthshire
Buchanan	Macauselan	MacIndeor	Murchie
Coleman	Macauslan	MacIndoe	Murchison
Colman	Macausland	MacKibb	Richardson
Cormack	Macauslane	MacKibbin	Risk
Cousland	MacCalman	MacKinlay	Rusk
Dewar	MacCalmont	MacKinley	Ruskie
Donleavy	MacCammond	MacMaster	Ruskin
Donlevy	MacCasland	MacMasters	Spittal
Dove	MacChruter	MacMauricee	Spittel
Dow	MacColman	MacMorris	Spittle
Gibb	MacColma	MacMurchie	Walter
Gibbs	MacColwan	MacMurphy	Walters
Gibby	MacCormack	MacNeur	Wason
Gibbon	MacCormac	MacNuir	Wasson
Gibson	MacCommon	MacNuyer	Waters
Gilbert	MacCoubrey	MacQuat	Watson
Gilbertson	MacCubbie	MacQuattie	Watt
Harper	MacCubbin	MacQuattier	Watters
Harperson	MacCubin	MacQuattiey	Weir
Leavy	MacCubing	MacQuinten	Yuill
Lennie	MacDonleavy	MacWattie	Yuille
Lenny	MacGeorge	MacWhirter	Yool
Macaldonich	MacGibbon	MacWhorter	Yule
Macalman	MacGilbert	MaWhitty	Zuill
Macandeoir	MacGreusich	Morrice	
Macaslan	MacGubbin	Morris	

\* Please note Morrison applies to Morrison of Perthshire only, Morrison has their own Clan Association for all others.

## ADDITIONAL INFORMATION

How did you learn of the Clan Buchanan Society International, Inc.? \_\_\_\_\_

\_\_\_\_\_

Please list any Scottish organizations of which you are a member.: \_\_\_\_\_

\_\_\_\_\_

I can \_\_\_\_\_ cannot \_\_\_\_\_ provide genealogical information to the Clan archives.

I can offer services to the Society at games: Convener \_\_\_\_\_, Committee work \_\_\_\_\_, Special Projects \_\_\_\_\_, Piping \_\_\_\_\_,

Drumming \_\_\_\_\_, Other: \_\_\_\_\_ (Last Updated 08/20/2012)

There are many spellings for the Sept names use the list above as a guideline.

## When paying by Credit/Debit Card – Membership will begin upon payment of PayPal Invoice

**Credit Card Information:** (You will receive a PayPal Invoice – you do not need to be a member of PayPal)

Name on Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS of card holder:** \_\_\_\_\_

Required to send the PayPal invoice

Phone number of card holder: \_\_\_\_\_