



Membership Form

(U.S. Branch dues are for the calendar year; January to December
Please renew by January 1-Thank you!)

New Member* **DATE:** Renewal Member

Gift Membership – Sponsor’s Name: _____

***New Member Applicants: Please check one of the following to confirm your qualification for membership:**
I Am a child of a Chisholm I am married to a Chisholm I am descended from a Chisholm

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone (& Area Code): _____ Work Phone (& Area Code): _____
Email Address: _____

★ **Would you like to receive the Newsletter by Email** Yes No
(If no it will be sent by regular mail)

Important: *The U. S. Branch Membership Directory is distributed to Members only.*
Would you like your contact information included in the Clan Chisholm Directory? Yes No

Annual Membership Dues

<u>Please Indicate Type of Membership Desired</u>	<u>Annual Dues:</u>	<u>Amount:</u>
_____ Regular Member <i>Includes Clan Journal, U.S. Branch Newsletter, Membership Directory And access to Chisholm Genealogies Database.</i>	\$15.00 per person	_____
_____ Associate Member <i>Includes U.S. Branch Newsletters and Membership Directory.</i>	\$10.00 per person	_____
_____ Junior Member (Through 18 years of age) <i>Includes U.S. Branch Newsletters (Please include junior member’s date of birth)</i>	\$5.00 per person	_____

Donations

- Administrative Fund** _____
 - Memorial in Remembrance of:** _____
- TOTAL:** _____

IMPORTANT: Please complete this section

If I am unable to attend the Society’s Annual General Meeting, I assign PROXY TO: (check one)

Another U.S. Branch Member in good standing- Member’s full Name: _____
Please include the Member’s city/state, phone No. or Email address _____

The U.S. Branch Chairman
Signature (required for Proxy) _____ Date: _____