

## APPLICATION FOR MEMBERSHIP

## THE CALEDONIAN SOCIETY OF NEW ORLEANS

- 1. Complete the membership form.
- 2. Make a PDF of the completed form.
- 3. Send completed form to: Robert Grubb,

CSNO Membership Chair

8131 Cohn Street

New Orleans LA 70118 OR rgrubb6@gmail.com

	(Middle/Maiden)	(Last)	
(First) Full name of spouse	(Made) Madelly	(Last)	
(First)	(Middle/Maiden)	(Last)	
For Family Membership	s, list names and ages of mind	or children:	
Name			Age
Name			Age
Name			Age
Home Address			
Mailing Address (if differ	rent)		
Dl Nl (/	a code): Please specify type (w	thathar hama call or y	vork) and whose pho

II.	Occupation:									
		(applicant)			(spouse)					
III.	Place of Birth:	(applicant)			(spouse)					
IV.	Date of Birth:	(applicant)			(spouse)					
V.	To which Scottish Clan(s) (if any) are you affiliated?									
VI.	How did you learn of the Caledonian Society of New Orleans?									
VII. organi	In what other organizations and a contact po	erson and phone nu	clubs do you umber for ea	ı hold membershi ach.	p? Please list at least two	- - -				
(*AN! VIII.	SWERS TO VIII & IX  *Family research/info	ARE OPTIONAL rmation you would	.) like to share	2: 						
IX.	*Note your areas of in below:	tterest (I) / participal	tion (P) / ex	pertise (E) in the f	ields of Celtic study and/or	– r research				
	MUSIC: Piping	g Drumming	_Singing	DANCING: _	HighlandCountry					
	HISTORY: H	[eraldry Genea	ılogy/DNA	Literature _	Archaeology					
	CULTURE/ARTS:	Travel	Culinary _	Crafts C	lothes					
	OTHER									
Х.	Amount enclosed: \$_ Check Money Or Please do not send ca	rder PayPal			ty of New Orleans website ne mail only	)				
	Applicant's signature									
	Spouse's signature (if applicable)									
	Date									