



APPLICATION FOR MEMBERSHIP

THE CALEDONIAN SOCIETY OF NEW ORLEANS

Send completed form to: Robert Grubb, Membership Chair, rgrubb6@gmail.com

Check one of the following:

Membership Levels: _____ Family (\$25) _____ Single (\$20) _____ Student (\$10)
Family = adults & minor children Student = Enrolled college student between 18 & 25

I. Full name of applicant _____
(First) (Middle/Maiden) (Last)

Full name of spouse _____
(if applicable) (First) (Middle/Maiden) (Last)

For Family Memberships, list names and ages of minor children:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Home Address _____

Mailing Address (if different) _____

Phone Numbers (w/ area code): Please specify type (whether home, cell or business) and whose phone it is where indicated

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E-mail address _____

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. In what other organizations, societies, or clubs do you hold membership? Please list at least two organizations and a contact person and phone number for each.

(*ANSWERS TO VIII & IX ARE OPTIONAL)

VIII. *Family research/information you would like to share:

IX. *Note your areas of interest (I) / participation (P) / expertise (E) in the fields of Celtic study and/or research below:

MUSIC: ___ Piping ___ Drumming ___ Singing **DANCING:** ___ Highland ___ Country

HISTORY: ___ Heraldry ___ Genealogy/DNA ___ Literature ___ Archaeology

CULTURE/ARTS: ___ Travel ___ Culinary ___ Crafts ___ Clothes

OTHER _____

X. Amount enclosed: \$_____ Check ___ **Cash ___ Money Order ___
** Please do not send cash in the mail - check or money order only

Applicant's signature _____

Spouse's signature _____
(if applicable)

Date _____