CLAN CRAIG ASSOCIATION OF AMERICA

Name: _____DOB: ___/___/_____
First Middle Last

Address:_____ City:_____

State: _____ Zip: _____ Phone: (_____)—_____—_____

E-Mail: _____

Spouse's Name: _____DOB: ___/___/_____
First Middle Last

Children:

Name: _____ DOB: ___/___/_____
First Middle Last

Name: _____ DOB: ___/___/_____
First Middle Last

Name: _____ DOB: ___/___/_____
First Middle Last

Blood Relationship to Clan: Yes:___No:___If So, How:_____

Immigrant Ancestor (If Known): _____

Interests:

Piping ___ Highland Dancing ____ Athletics ____ Genealogy ____ History ____

Scottish Military History: ____ Other _____

Signature: _____Date: ___/___/_____

Membership: $20 (U.S.) per year

Send Application and Dues Payable to: CLAN CRAIG ASSOCIATION
c/o Gloria Craig 1245 NE 91st ST Seattle, WA 98115