



CLAN FARQUHARSON, USA APPLICATION FOR MEMBERSHIP

Event: _____

Date: _____

New Renewal

{Please complete all the information below, it is required to set up your membership}

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Country: _____

E-mail: _____ (required for newsletter)

Phone: (_____) _____

Affiliated Clan Surname: _____

List any Highland Games you regularly attend: _____

Write how you would like your name(s) to appear on the Membership Certificate:

Person #1: _____

Person #2: _____

- Annual Individual Membership - \$20
- Annual Family Membership - \$20 {Couples and dependents}
- Annual Contributing Membership - \$30-\$50 or other optional amount \$ _____
- Life Membership - \$300
- Associate Membership - \$20 (Interested non-Farquharson)

Payment: \$ _____ cash check* PayPal/Credit Card# (PayPal account is not needed payment)

*Please make checks payable to: **Clan Farquharson, USA**

#PayPal: Send application to address below an invoice will be emailed to you for PayPal payment.

Mail to: CFUSA, PO Box 5031, St Marys, GA 31558-5031
dutradyann@yahoo.com