Print Application

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Clan Lindsay Membership

Association, USA Inc.

Membership Application

Clan Lindsay Association, USA, Inc.	For Office Use Only	
Registrar	Date Received:	
PO Box 1672 Loveland, CO 80539	Reference No:	
CustomerService@ClanlindsayUSA.org	Area Representative:	
www.ClanLindsayUSA.org	Processed By:	

Instructions:

- Complete this form
- Be sure to include as much critical genealogical information as possible.
- Print and mail completed application and check made payable to Clan Lindsay USA to Registrar (address above).

Application Information

Print Your Full Name (As you would like it on Your Certificate):

Street Address	Application Date
City/State	Phone
Zip Code	Email

I understand the information on this application is not a public record and will only be used within this organization to promote genealogical research.

Signature:

1.

Date:

Qualifications

My connection to the Clan is through the surname (however spelled)

LINDSAY <u>Septs (Families of the Clan):</u>				Armor Bearers:		
	Byers	Deuchar _		Rhind	Affleck	
	Cobb	Downie	;		Summers _	
	Crawford	Fotheringham _		Sumner		
One of the following two statements must be completed:						
My earliest kno	own Scottish ancesto	or was:			I am the spouse of	qualifying member:
			OR	2.		
of the surname ci	reled above and traced i	n the		-		

Membership Type Indicate the Desired Membership Level NOTE: \$5.00 First Time Processing Fee

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(NPW

Membership (1 Year)	Dues	Inc	lividual Membership (Life Tim	e) Dues
l' Individual	\$25.00	ľ	Your Age is 60+ Years	\$145.00
(‴ Family	\$35.00	(""	Your Age is 40-59 Years	\$295.00
(' Junior (Under Age 18) Membership	\$10.00	(""	Your Age is 20-39 Years	\$445.00
		(""	Your Age is Birth-19 Years	\$595.00

Genealogy (Please provide as much information on your ancestry as possible to show your

connection to Lindsay or to a sept.) Please Print and Use Only Maiden Names)

Member:	Spouse:
Date Born:	Date Born
Place of Birth :	Place of Birth
Date Married:	Date Married:
Child 1	Child 2
Date Born	Date Born
Place of Birth	Place of Birth
Date Married	Date Married
Child 3	Child 4
Date Born	
Place of Birth	
Date Married	Date Married
Child 5	Child 6
Date Born	Date Born
Place of Birth	Place of Birth
Date Married	Date Married

Genealogy (Continued)

Genealogy to earliest Lindsay or Clan Family Required!

Member's Father:	Member's Mot	ner.
Date Born:	DateBo	prn:!
Place of Birth:	Place of B	rth :
Date Died-	Date D	ied:
Died Where:	DiedWh	pre:
Date Married:	Date Marr	ed:
Grandparent :	Spot	se::
Date Born	Date B	prn:
Place of Birth:	Place of B	irth:
Date Died:	Date D	ied:
Died Where:	DiedWh	ere:
Date Married:	Date Marr	ed:
- Great Grandparent :	Spor	ISE:
Date Born.	Date Be	prn:
Place of Birth:	Place of B	rth:
Date Died:	Date D	ed:
Died Where:	DiedWh	ere:
Date Married:	Date Marr	ed:
Ora d		
2nd Great Grandparent .	Spou	so.
"-		
Date Born :	Date B	orn:
- Place of Birth :	Place of B	rth:
 Date Died:	Date Di	ed:
- Died Where:	DiedWhe	re:
– Date Married:	Date Marri	ed:

Genealogy (Continued)

Genealogy to earliest Lindsay or Clan Family Required!

3rd		
Great Grandparent !	Spouse:	
Date Born:	Date Born :	
Place of Birth :	Place of Birth:	
Date Died:	Date Died:	
Died Where:	Died Where:	
Date Married:	Date Married:	
4th		
Great Grandparent:	Spouse:	
Date Born :!	Date Born	
Place of Birth:	Place of Birth	
Date Died:	Date Died:	
Died Where:	Died Where:	
Date Married:	Date Married:	
5th		
Great Grandparent::	Spouse	
DateBorn-	Date Born:	
Place of Birth.	Place of Birth :	
Date Died:	Date Died:	
- Died Where:	Died Where:	
- Date Married!	Date Married:	

Additional Genealogy

If you have additional information (additional spous e(s), children, extra generations, etc.) Please attach them using a separate sheet(s) of paper if mailing your application OR if emailing your application please included them in an email to CustomerService@ClanLindsayUSA.org

Thank You!