



Clan Stewart Society in America, Inc.

Preferred Title (Dr/Mr/Mrs/Ms/Rank)

Date of Event (DD/MM/YYYY)

Member Name (First) (MI) (Last)

Mailing Address (PO Box - Route # - House #) (Street Name) (Apartment #)

(City) (Province/State) (County) (Zip+4)

Telephone (Home) (Work) (Cell)

E-mail Address

Branch / Family Affiliation / Sept (if known, but not required)

*** Submission of the following information is optional ***

*Spouse Name

*Children(s) Name(s)

*Occupation

*Fields of Expertise *Areas of Interest

Are You Willing To Assist The Society At Local Cultural Events? (Circle Y or N)

[Check or money order made payable to CSSA, Inc., all dues payable in US funds.]

Membership Category ('X') New Renewal
ANNUAL (U\$25) LIFE (U\$450)

Enclosed: U\$ _____

Please print, fill out legibly or type to enable correct Entries into the database, and mail to:

CSSA Membership
P.O. Box 363
Carlinville, IL. 62626

For official use only – do not complete

Event _____

Regional Rep. _____

Member's # _____ Exp. _____

Dates Sent Rcv'd

Membership _____

Secretary _____

Treasurer _____

President _____

(only if needed)

Membership data is solely for the use of the CSSA and is not provided to commercial enterprises.