



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 (P.O. Box-Route #-House #) (Street Name) (Apt#)

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

*Field 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: New ___ Renewal ___

Annual (\$25 USD) ___ Life (\$450 USD) ___

Enclosed: \$ USD _____

Please Mail to:

**CSSA Membership
Attn: Karen Johnson
4251 FM 2181 #230-147
Corinth, TX 76210**

For Official use only

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 it is not provided to commercial enterprises.