

THE CLAN KEITH SOCIETY USA, INC

Application for Membership



Date: _____

Full Name: _____

Street: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Email:** _____

Birth date: _____ **Birth place:** _____

Have you previously been a member of The Clan Keith Society? _____ **If so, when?** _____

If not, where did you hear about us? _____

Have you (or a male family member) completed DNA testing? _____

If not, would you like more information about DNA testing options? _____

Full birth name of spouse: _____

Birth date of spouse: _____ **Birth place of spouse:** _____

Marriage date: _____ **Death date of spouse:** _____

Marriage location: _____ **Burial place:** _____

CHILDREN *(can be included in a Family level membership if under 18 years old):*

Full name:	Birthdate	Birth Place
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle the surname(s) listed below to which you claim affiliation with Clan Keith. Spellings may vary.

AUSTIN CATE(S) DICKSON DIXON DIXSON DICK FALCONER FAULKNER HACKSTON HARVEY HAXTON
HERVEY HURRY HURRIE KEITH KITE LUMGAIR MacKEITH MARSHALL URIE Other spelling: _____

GENEALOGY HISTORY

FATHER	PARENTS' MARRIAGE	MOTHER	NOTES:
Name: _____	Date: _____	Name: _____	
Birth date: _____	Place: _____	Birth date: _____	
Birth place: _____	_____	Birth place: _____	
Death date: _____	_____	Death date: _____	
Death place: _____	_____	Death place: _____	
Burial place: _____	_____	Burial place: _____	

GRANDFATHER	GRANDMOTHER:	GRANDFATHER:	GRANDMOTHER:
Name: _____	Name: _____	Name: _____	Name: _____
Birth date: _____	Birth date: _____	Birth date: _____	Birth date: _____
Birth place: _____	Birth place: _____	Birth place: _____	Birth place: _____
Death date: _____	Death date: _____	Death date: _____	Death date: _____
Death place: _____	Death place: _____	Death place: _____	Death place: _____
Burial place: _____	Burial place: _____	Burial place: _____	Burial place: _____

If necessary, please include more data to verify the Keith family connection.

<p>Please indicate the type of membership desired.</p> <p>DUES: (check one)</p> <p>() Individual 1 year - \$25.00</p> <p>() Individual 2 years - \$40.00</p> <p>() Family (one household) 1 year - \$30.00</p> <p>() Family (one household) 2 years - \$50.00</p> <p>() LIFE - ages 0-18 \$450.00 (one time payment)</p> <p>() LIFE - ages 19-50 \$350.00 (one time payment)</p> <p>() LIFE - ages 51 + \$250.00 (one time payment)</p>	<p>Please send form with payment to:</p> <p>The Clan Keith Society USA, Inc. Dorothy Keith, Treasurer 1256 Tinderbox Lane NW Kennesaw, GA 30144</p> <p>Source and date (event and/or person): _____</p> <p>Confirmed by: _____</p>	<p>Date: _____</p> <p>Signature: _____</p>
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