

THE CLAN FRASER SOCIETY OF NORTH AMERICA®



Membership Application PLEASE PRINT or Edit with PDF

Qualification for Membership:

- Regular Member Any person of Scottish ancestry bearing the name Fraser in any of its various forms and spellings, or any Sept name of the Clan Fraser, including the spouse or descendant of such person. For a complete list of the Septs, see https://cfsna.com/memberships.htm.
- Associate Member Any person not of the surname of Fraser or its septs but who have legitimate interest in the purposes and objectives of CFSNA®. Associate members shall not have a vote on the Executive Committee or in general elections of the Society.
- Life Membership Current Regular members in good standing may at any time apply to become life members. Family Life memberships will include the spouse and also dependent children only for the period they are considered dependents (per <u>IRS</u> definition). Life memberships will be subject to approval by the Board. Total life memberships will not exceed 15% of the total membership. Life membership may be bestowed by the Board, at no cost to the individual, for anyone that they deem has made a significant contribution to the success of the society and its purpose.

Name:	Email:
Spouse:	Email:
Mailing Address: Street/PO Box:	
City:	State/Province: Postal Code
Member Phone:	Spouse Phone:
Please check correct membership Type () Regular Member & my relationship to Clan Fraser i	s: or () Associate Member
Please indicate particular Clan Fraser interest – selection	n implies sharing of email with other members
() Assisting at tent at Highland Game	() Clan Fraser Social activities or travel
() Genealogy & Family Trees	() Highland Music () Play bagpipes?
() Clan History	() Highland Cooking
() Highland Dancing	() Highland Games & my Sport(s):
() Scotch Whisky	() Clan Literature (books, articles, etc.)
() Other	Please feel free to write on the back of this form.
included with the application. Dues for renewal of mem membership and should be submitted with a newly com	CND) per family including children under 18. The first year's dues should be bership will be payable by the end of anniversary month of the date of pleted membership application to allow for verification and updates to the ct information in a timely fashion will result is expiration of your membership. () Former Member & last year paid:
Amount: () Cash () Check # () Square (Add \$2 service fee) () PayPal (Add \$2 service fee)
Date: Signature	

Mail to: CFSNA, C/O Mary Lumpkin at 118 Juliet CIR, Cary NC 27513 Or Save to Desktop then Email the PDF to: Membership@CFSNA.COM