



Clan Buchanan Society International, Inc.

Membership Renewal

Individual or Family (Circle One) Full or Associate (Circle One)

Name: _____ Maiden Name: _____

Birth Date and Place (mm/dd/yyyy – city and state): _____

Companion: (Family App) _____ Maiden Name: _____

Birth Date and Place (mm/dd/yyyy – city and state): _____

Family Renewal: List children under age 18 on the back of the form

Street: _____

City: _____ State: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Clan family or Sept: _____

Please Answer the Following Questions

I/we can be reached on Facebook by the name: _____

How do you receive “THE BUCHANAN BANNER? *Download* *Printed* *Not Receiving*

I/we can serve on a CBSI committee? What topic? *Locally* *Regional*

I/we can serve as an event convener? *Which Event?*

I/we can assist in a clan booth? *Which Event?*

I/we are planning to attend an event in the coming year?

I/we can provide family history information to clan genealogist?

Schedule of Fees (Circle Selection Below)

Type of Membership	Within USA	Outside USA Use Credit or Debit Card
Annual	\$ 25.00	US\$ 40.00
Annual Senior (70+) 1 st year	\$ 25.00	US\$ 40.00
Annual Senior Renewal	\$ 15.00	US\$ 30.00
Sponsor (4 year)	\$ 75.00	US\$ 105.00
Life	\$ 500.00	US\$ 625.00
	Or for 4 years @ \$ 125.00	Or for 4 years @ \$ 160.00

Cash: (event only) _____ Check Number: _____ Credit/Debit: _____ *Give details on the back*

DO NOT MAIL CASH

Write check or money order to:
Clan Buchanan Society International, Inc.

Mail to: *Graeme P. Watson, Membership Secretary*
128 Oak Haven Drive, Statesville, NC 28625-9114

Event: _____ Date: _____

Convener: _____ **GIVE RECEIPT FOR CASH**

Items Given: Banner ___ Packet ___ Card(s) ___ Lapel Pin(s) ___ Other (specify) _____

Membership Renewal

List children under 18 years of age here

Full name

Birth Place

Birth date

When paying by Credit/Debit Card – Renewal will be effective upon payment of PayPal Invoice

Credit Card Information: (You will receive a PayPal Invoice – you do not need to have a PayPal account)

Name on Card: _____

Mailing Address: _____

EMAIL ADDRESS of card holder: _____

Required to send the PayPal invoice

Phone number of card holder: _____