



Clan Moncreiffe Society Membership Application

Full Name	
Spouse's Name	
Home Address	
Address Line 2	
City, State, Zip	/ / (or country)
Phone	
Email Address	
Date of Birth	
Place of Birth	/
Type of Membership Desired	<input type="checkbox"/> Regular / <input type="checkbox"/> Associate
CONFIRMATION	<input type="checkbox"/> I declare that the facts set forth are true to the best of my knowledge and belief, and that if elected to membership, I will observe the ByLaws and promote the welfare of the Clan Moncreiffe Society. My completed Ancestor Chart and Membership Fees are included with this application.

Mail completed Membership Application, Ancestry Chart, and dues to:

Charlotte Moncrief, CMS Treasurer

1405 Plaza Street S.E.

Decatur, AL 35603