



# Clan Cunningham International



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_  
(please print)

ADDRESS \_\_\_\_\_  
(street or PO Box)

\_\_\_\_\_  
(city, state, zip)

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

1) What is your interest in, or connection to, Clan Cunningham? Which associated family?  
(if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

2) What ethnic festivals, Highland games or other Celtic events do you attend?  
\_\_\_\_\_

3) How would you like to serve Clan Cunningham USA? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Hosting a tent                | <input type="checkbox"/> Serving as a State Representative |
| <input type="checkbox"/> Writing for the newsletter    | <input type="checkbox"/> Phone Calls                       |
| <input type="checkbox"/> Sewing (flags, banners, etc.) | <input type="checkbox"/> Graphic Design                    |
| <input type="checkbox"/> Historical Research           | <input type="checkbox"/> Genealogical Research             |

4) Do you have any special talents, skills or business services that you would be willing to offer CCI?  
(i.e. computer programming, artwork, printing equipment, legal, accounting, etc.) If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Regular Membership (\$25) \_\_\_\_\_ Affiliate Membership (\$25) \_\_\_\_\_ (please check one)

Please print your name exactly as you would like it to appear on your membership certificate.  
(One certificate per family. Include names of spouse and children, if desired.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual membership fee is \$25. Make check payable to Clan Cunningham, Intl. Please mail check and completed application to:  
Patricia Paisley  
7525 Trier Rd.  
Fort Wayne, IN 46815

Office Use Only	
NAME: _____	MEMBER # _____
Date Received: _____	Renewal Date: _____