



The Kennedy Society of North America

*Under the Patronage of the Hereditary Chief of Kennedy
The Most Honorable, The Marquess of Ailsa*



Membership Application

Name: _____ Birth date: _____

Address: _____
Street/P.O. Box City State Zip Code

Phone: Home _____ Work: _____ Email: _____

Birthplace: _____ Previous/Present Occupation: _____

Spouse's Name (Maiden): _____ Birth date: _____

Dependent Name: _____ Birth date: _____ Name: _____ Birth date: _____

Children:
 (Use back for more names) Name: _____ Birth date: _____ Name: _____ Birth date: _____

Blood Relationship To Clan Kennedy: _____ Immigrant Ancestor* Name (If Known): _____
Name Relationship Name Relationship

From Where in Scotland*: _____ Embarkation Port*: _____ Ship*: _____

Year*: _____ Entry Port*: _____ Settled Where*: _____

*Starred items are not mandatory for membership. They are requested for genealogical purposes.

Scottish Activities: Piping Highland Dancing Athletics Genealogy
 Assist at Games Other _____

How did you hear about the Kennedy Society of North America?

- Print advertisement in _____ (publication name / date)
- Highland Games or Scottish Festival: _____ (event name / date)
- Referred by a current member: _____ (member name [optional])
- Kennedy Society web site (www.kennedysociety.org)
- Other: _____

How would you like to receive the newsletter? Printed copy by postal service Electronic copy by email

I hereby apply for membership in *The Kennedy Society of North America, Inc.* As a condition to acceptance for membership, I agree to recognize the authority of the Most Honorable The Marquess of Ailsa, Chief of Kennedy.

Date : _____ Signature: _____

Application Fee:		\$10.00 (\$US) <i>Waived if you sign up at a Kennedy clan tent</i>
Annual Dues:	(\$30.00 US outside NA)	\$25.00 (\$US)
Total Due with Application:	(\$40.00 US outside NA)	\$35.00 (\$US)

Membership includes spouse and all dependent children under 18.

To pay by credit card, see the next page.

To pay by check, make it payable to: Kennedy Society of NA

Send application (and check, if applicable) to: Ms. Lynn C. Grant
 Membership Chair, Kennedy Society of North America
 7116 Marlbrook Drive
 Charlotte, NC 28212



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To pay by credit card:

Credit Card Number: _____

Type (circle): **VISA** **Mastercard** **Discover** **American Express**

Expiration (mm/yy): _____ **CSC (3- or 4-digit code on back of card):** _____

Amount: _____

Name on card: _____

Billing Address: _____

Billing Phone: _____

Email Address: _____

Signature: _____