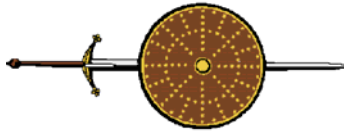


Minnesota Coalition



of Scottish Clans

Secretary or Membership Chair
Minnesota Coalition of Scottish Clans
P.O. Box 40280
St. Paul, MN 55104

Minnesota Coalition of Scottish Clans Membership Application

Please Print:

Clan/Family Association to be represented: _____

Name: _____

Mailing Address: _____

City, State, ZIP Code: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Signature: _____ Date: _____

I hereby apply for membership in the Minnesota Coalition of Scottish Clans (MCSC) as a representative for the above named Clan/Family. I understand that my authority to represent my Clan/Family in the State of Minnesota must be approved by the regional* or national* Clan/Family Organization.

Clan/Family Authorization:

By my signature, I authorize the above named individual to represent the above named Clan/Family to act on behalf of our Organization within the activities of the Minnesota Coalition of Scottish Clans.

Name: _____ Title: _____

Phone: _____ E-Mail _____

Signature: _____ Date: _____

*Clan/Family Membership Authorization cannot be self-signed. If you are the regional representative you must have someone from the national organization's Executive Board authorize this membership. If you are a member of the national organization's Executive Board, you must have another Executive Board Member of your organization sign and authorize this membership.

For MCSC Use Only:

Date of participation commencement in MCSC: _____

Membership Chair: _____ Date Received: _____