

“MACGREGOR DESPITE THEM SHALL FLOURISH FOREVER”

Application for Membership

American Clan Gregor Society

ORGANIZED, October 1909

INCORPORATED, October 1949

UNDER THE LAWS FOR THE DISTRICT OF COLUMBIA, CITY OF WASHINGTON

* * * * *

I hereby apply for the following type of membership:

- Lineal member, age 18 and over, by reason of clan name or sept _____
- Lineal member related to current member who is _____ ACGS# _____
- Life member Other _____

* * * * *

FULL NAME OF APPLICANT _____

BIRTH DATE _____ LADIES ~ MAIDEN NAME _____

HOME ADDRESS _____ TELEPHONE # (____) _____

CITY _____ STATE: _____ ZIP: _____

EMAIL _____ OCCUPATION _____
Career if Retired _____

I pledge that the information given in this application is true and correct to the best of my knowledge and belief. Pedigree chart begins on the next page, and current family members are listed on the back page of application. I agree to abide by its Rules, Regulations, and Bylaws.

In addition, I pledge myself to be a loyal member of this, my family clan Society, and that I will pay my annual Dues promptly at the beginning of the Calendar Year, so that I may remain in active membership and receive the Year Book of the Society and the other material which is sent to active members each year.

(Junior and Associate memberships have a separate application form which lists your sponsor. A Junior member is under age 18 and sponsored by a parent or grandparent who is a member, and an Associate member is the spouse of a member or step child of a member.)

APPLICANT’S SIGNATURE _____ DATE _____

If your parent, sister, brother or other relative on your same line is a member of the Society, you need only fill in the Genealogical Line to where your line joins theirs. In birth, death and marriage spaces, give Town, County, and State.

I was born in: _____ Date: _____
Married in: _____ Date: _____
SPOUSE: _____
Who was born in: _____ Date: _____
Who died in: _____ Date: _____
Source/documents _____

PARENTS

FATHER: _____
Who was born in: _____ Date: _____
Who died in: _____ Date: _____
Married in: _____ Date: _____
MOTHER: _____
Who was born in: _____ Date: _____
Who died in: _____ Date: _____
Source/documents _____

GRANDPARENTS

GRANDFATHER: _____
Who was born in: _____ Date: _____
Who died in: _____ Date: _____
Married in: _____ Date: _____
GRANDMOTHER: _____
Who was born in: _____ Date: _____
Who died in: _____ Date: _____
Source/documents _____
Names of other children of this couple _____

Send this Application Form, Documentation and Sources, with check for Registration Fee and 1st year's Dues, directly to the Registrar.

Jeanne Lehr
11 Ballas Court
St. Louis, MO 63131-3038
phone: (314)432-2842

FOR OFFICE USE ONLY
MEMBERSHIP APPROVED BY:

REGISTRAR _____
CHIEFTAIN _____ *date* _____
ACGS MEMBER NUMBER _____ *date* _____
ACGS application for _____ Birth Date _____

GREAT GRANDPARENTS (4th Generation)

GREAT GRANDFATHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Married in: _____ Date: _____
 GREAT GRANDMOTHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Source/documents _____
 Names of other children of this couple _____

2nd GREAT GRANDPARENTS (5th Generation)

GG GRANDFATHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Married in: _____ Date: _____
 GG GRANDMOTHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Source/documents _____
 Names of other children of this couple _____

3rd GREAT GRANDPARENTS (6th Generation)

GGG GRANDFATHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Married in: _____ Date: _____
 GGG GRANDMOTHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Source/documents _____
 Names of other children of this couple _____

4th GREAT GRANDPARENTS (7th Generation)

GGGG GRANDFATHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Married in: _____ Date: _____
 GGGG GRANDMOTHER: _____
 Who was born in: _____ Date: _____
 Who died in: _____ Date: _____
 Source/documents _____
 Names of other children of this couple _____

Additional Generations may be listed on the Extended Generations pages and attached to this form.

SOURCES OF INFORMATION

Give the Sources of Information you used in making out this Application, such as:

Family Bible belonging to: _____

Family Records or folklore, name of person(s) who furnished them: _____

Will of: _____

Church Records: _____

Application paper for ACGS of: _____ ACGS # _____

D.A.R. papers of: _____

Books _____

Personal interviews _____

Other _____

Additional documents may be attached.

My immigrant ancestor was _____ who arrived
in North America (date, place, ship, etc.) _____

How I learned of ACGS _____

Please give the following information about YOUR CHILDREN:

Full Name	Born	Married to Whom	Present Address
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YOUR BROTHERS AND SISTERS Give date of death if deceased.

Full name	Born	Married to Whom	Present Address
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OTHER Comments, Additions