



CLAN MACKAY SOCIETY WESTERN AUSTRALIA Inc.

Comunn Chlann Aoidh Astrailia Siàr / Clan Mackay Society Western Australia: calls all clansfolk bearing the name, or descended from bearers of the name MacAoidh, Mackay or of the many clan septs (* many of which are listed), to contact the appointed Commissioner for WA, to help expand the local branch of the Society.

(*) ALAN, ALLAN, ALLEN, BAIN, BAINE, BAYNE, CAY, EASON, EYE, GHIE, KAY, KEYES, KIE, MACALLAN, MACALLEN, MACAIDH, MACAOIDH, MACAY, MACBAIN, MACBAYNE, MACCAA, MACCAIDH, MACCAW, MACCOY, MACEYE, MACGAA, MACFAIL, MACGAW, MACGEE, MACGHEE, MACGHIE, MACISALL. MACKAAY, MACKAI, MACKAY, MACKAYE, MACKAW, MACKCOY, MACKEE, MACKER, MACKIE, MACKHEE, MACKIEWICZ, MACKIE, MACPHAIL, MACPHEIL, MACQUAY, MACQUOID, MACVAIL, MACVAIN, MACWILLIAM, MAGEE, McBAIN, McBAYNE, McCAY, McGEE, McGEEHEE, McGHEE, MCKAY, MCKEE, MCKEY, MCKIE, MCKEYES, McPHAIL, McQUAID, McQUOY, McQUOID, McVAIL, McVAIN, McWILLIAM, MORGAN, NELSON, NEILSON, NIELSON, NILSON, PAUL, PAULL, POLE, POLESON, POLSON, POULSON, QUAID, REAY, SCOBIE, SCOBIE, WILLIAMS, WILLIAMSON.

MEMBERSHIP APPLICATION FORM

Please use block letters

SURNAME: _____ CLAIMED SEPT: _____
GIVEN NAMES: _____ TITLE: _____
ADDRESS: _____
TOWN: _____ STATE: _____ POSTCODE: _____
PHONE/FAX (H) (___) _____ PHONE/FAX (B) (___) _____
E-MAIL: _____
OCCUPATION: _____ PLACE OF BIRTH: _____
DATE OF BIRTH: ___ / ___ / _____
OTHER DETAILS / INTERESTS _____

I / we apply for (**) _____ membership of the Clan Mackay Society, Western Australia Inc. I / we agree to abide by and uphold the constitution, by-laws, aims and objects of the society and to support, foster, and promote the interests, commitments and fraternal goals of the society, its leadership and members. I / we agree to pay the appropriate fee on request.

Signed: _____ Date: ___ / ___ / _____

(**) insert type of membership applied for: ORDINARY (\$10.00), FAMILY (\$20.00), LIFE (\$100.00), FAMILY LIFE (\$150.00), and CONCESSIONAL (\$5.00). A JOINING FEE of (\$10.00) (\$5.00 for CONCESSIONAL Members), applies in addition.

OFFICE USE ONLY:

M/SHIP No: _____ REC. No: _____ DATE: ___ / ___ / _____

Receipt / Badge / Card / Constitution / Journal; Dispatched on: ___ / ___ / _____
Misc., _____



Ni h -each dubhlanaid sibhse post air a ' giogan - Ye duar'na tramp on the thistle