

MACFIE SOCIETY OF AMERICA

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ E-mail Address _____

Date of Birth _____ Place of Birth _____

Name of Father _____ Place of Birth _____

Name of Mother _____ Place of Birth _____

I am a lineal descendant of (oldest known ancestor) _____

Who was born in _____ On or about _____

Who came to America in the year _____ (For our records and to help you and others trace genealogy lines, please use the back of this page to list your Pedigree chart, (if known) including any known dates, or you may attach a printed pedigree chart.)

Name of Spouse _____ Place of Birth _____

Names of children and dates of birth: _____

Hobbies, clubs or other activities _____

Interesting items about yourself, your immediate family or your ancestors: _____

Signed _____

(For office use) Membership Number _____