

NEW MEMBERSHIP



USA APPLICANTS ONLY NEW MEMBERSHIP for Clan Baird Society Worldwide

DATE: _____

First, Middle (Maiden), Last Name: _____

If this is a *Family Membership*, the *Sponsoring Family Member* is written above.

Street: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Closest known Baird Ancestor(s) – Name/Relationship _____

MEMBERSHIP CLASSIFICATIONS

- 1) **Individual** \$ 20.00 (annually)
- 2) **Family** \$ 25.00 (annually)

List additional Family Members. A total of 2 Family Members may be age 18 and older.
Email addresses are not required. Each Family Member has the full rights and privileges of a Member.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

- 3) **Life Member Up to age 50** \$400.00 (one time payment)
- 4) **Age 51 and Over** \$275.00 (one time payment)

Print this application with a check in the amount required. Make check payable to
Clan Baird Society Worldwide, and mail to:

Robert G. Beard, Jr., Treasurer
Clan Baird Society Worldwide
3432 Hawks Hill Trail
Tallahassee, FL 32312

OR you may renew online at clanbairdsocietyworldwide.co.uk under **JOIN**

** Fees include subscription to the clan quarterly newsletter – **The Gryphon****

