

DELANO KINDRED NEW MEMBER APPLICATION

www.delanokindred.us

Last Name:	First Name:	Middle Name:	Maiden Name:
Address:		Address 2:	
City:	State/Province:	Country:	Zip/Postal Code (Zip+4):
Home Phone:	E-mail Address:	Have you previously been a member? YES () NO ()	

DELANO KINDRED MEMBERSHIP RUNS FROM JANUARY 1 TO DECEMBER 31 OF EACH YEAR.

New member January through September: Receive all newsletters for the year and membership is valid through Dec. 31 of that year.
New member October through December: Membership is valid for the remainder of the current year to Dec. 31 of the following year.

Descendants: Please provide the following information regarding your DELANO ancestors:

Generation 1: PHILIPPE DE LANOY Generation 2: PHILIPPE DE LANOY'S child named _____
(REQUIRED for voting membership)

Subsequent generations,
if you know them: 3: _____ 4: _____ 5: _____

WOULD YOU LIKE ASSISTANCE DETERMINING YOUR DELANO ANCESTORS? YES ___ NO ___

NEWSLETTERS AND MEMBERSHIP DIRECTORY ARE AVAILABLE ON www.delanokindred.us
DO YOU WANT TO RECEIVE YOUR NEWSLETTER BY MAIL? YES ___ NO ___ MEMBERSHIP DIRECTORY BY MAIL? YES ___ NO ___

Select Membership Type:

___ **Adult Descendant** (or Spouse or widow) 1 year @ \$18.00, 2 years @ \$30.00, 3 years @ \$40.00.....\$ _____

___ **Adult Descendant AND Spouse** 1 year @ \$25.00, 2 years @ \$50.00, 3 years @ \$70.00.....\$ _____

Name and Email (if any) of Spouse: _____

___ **Family Descendant Membership** 1 year @ \$35.00, 2 years @ \$55.00, 3 years @ \$75.00.....\$ _____
(Includes Descendant and Spouse, plus Descendant Children under 18 years of age.)

Name and Email (if any) of Spouse: _____

Name(s) of Children: _____

By signing this document, I certify that the above named persons are a spouse of or children of a descendant of PHILIPPE DE LANOY.

___ **Associate (Non-Descendant)** 1 year @ \$18.00, 2 years @ \$30.00, 3 years @ \$40.00.....\$ _____

Total membership amount\$ _____

Processing Fee **FOR NEW MEMBERSHIPS:**\$ 10.00

TOTAL AMOUNT ENCLOSED\$ _____

Please make your check payable to DELANO KINDRED, INC.

Mail to DELANO KINDRED c/o Jackie Delano, 3304 Meridian Market Dr., Fuquay Varina, NC 27526-5754

If this is a gift membership, name of donor: _____

Date: _____ Signature of Applicant _____