





- INVOICE -**2017 CSAC MEMBERSHIP RENEWAL**

Please Print Yo	our Contact Information	<u>on:</u>		Date:
Name: Mr. Mrs. M	fiss			Spouse:
Address:				
City:		State/Prov.	•	Zip/Postal Code:
Telephone: ()	Cellular: ()	
E-mail:				
				tter by E-mail? YesNo
				er year of paid dues. (Family - \$20 / Single - \$15)
Membership Fe	<u>ees</u>	Donations (Option	onal)	
Family	\$	National (CSAC)	\$	Membership Renewal Year
Single	\$	Nova Scotia	\$	Previous Renewal Year(s)
Past due	\$	Ontario	\$	
Additional Yr(s)	\$	Western	\$	
Total Fees	\$	Total Donations	\$	Your Total Amount Paid \$
Please make ch	eque/money order pay	able to: Clan Sincl	air Associ	ation (Canada) and mail with completed Invoice to:
				ion (Canada) , PO Box 302

HONEY HARBOUR, ON POE 1E0

Dear CSAC Member:

In the event, you wish to provide CSAC with more biographical/genealogical information, please feel free to use this space for your convenience. Maiden names, children's names would be much appreciated in our quest to provide Members with quality information when requested. Please be assured that we protect your privacy at all times. George Sinclair – Secretary.