



Clay Family Society

MEMBER INFORMATION FORM

PLEASE PRINT or TYPE

Is this is a New Membership? or Renewal?

INDIVIDUAL MEMBERSHIP
\$15 per year

FAMILY MEMBERSHIP—two members who live in the same residence
\$18 per year

*Membership Dues are from January through December of each year.
You may choose to pay any number of years.*

Individual membership (1 vote): \$15 one year OR \$30 two years OR \$____ for ____ years
Member _____ Spouse/significant other: _____

Family membership (2 votes): \$18 one year OR \$36 two years OR \$____ for ____ years
Primary Member _____ Second Member _____

Address _____ Primary Phone # (____) _____

City _____ Cell Phone # (____) _____

State _____ Zip _____ E-mail _____ @ _____

Please print or type **e-mail address** in all **UPPER CASE**.

The Society needs your help. If you are interested in any of the volunteer opportunities below, please tell us:

- | | | |
|--|---|---|
| <input type="checkbox"/> Historical, Genealogical Research | <input type="checkbox"/> Help with our Biennial Gathering | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Library Science | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Databases |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Member Support Team | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Public Speaking/Teaching | (maintaining contact with members) | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Administration/Board of Directors | <input type="checkbox"/> Languages (please specify) | <input type="checkbox"/> Website |
| | | <input type="checkbox"/> Other (please list): |

Comments: _____

Today's Date: _____ Check Number: _____ or <input type="checkbox"/> PayPal Amount: _____	After completing, save this form as "YourNameCFSMembership2018.pdf" and send as attachment to: Treasurer@ClayFamilySociety.org PAY DUES ELECTRONICALLY Go to Electronic Pay for electronic payment options.	Send Check and Form to: Clay Family Society % Nancy Cook, Treasurer 1908 Quail Crossing Rd. Burkeville, VA 23922
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Our newsletter, *Pieces of Clay*, Directory, and other communications are sent as PDF files by **e-mail attachment** to the address you listed above. **If you have no email, please check here and we will mail you a copy:**

Genealogies

New Members: Please complete both the Membership Form and the Genealogy pages and send to Nancy Cook.

We need this information to complete our genealogy database. While we understand that not every submission is complete, nor will they all agree with each other, this is a good starting point, and we can work together from there. Your documentation is needed, if you have it, and you may include it as attachments.

Renewing Members: If you wish to add new information, please add to the form any additional information and return with your renewal. If you have no new information, you may send it blank or just send this page

Clay Family Genealogy Form

You may complete this PDF form on your computer, save it with a different name and print it out. Or, you can print it out and complete it by hand. PLEASE PRINT!

To fill out on the computer, place your cursor in the first box at the top (Your Name:) and click. From there on, you may either click in boxes or use your tab key to move from box to box. For boxes, make sure your cursor is in the box and click or hit "Enter."

For females, please **ALWAYS** enter her **family surname** ("maiden name") if you know it, not the married name. If you don't know the surname, leave it **blank**. Sometimes, of course, it's the same name. Please note that.

Please follow the parent that goes to the **Clay line only**, keeping him/her on the **left side** and mark which it is by clicking on "father" or "mother." See the sample below. "B" is "Born", "M" is married "D" is "Died." Don't worry about information you don't have. That's what the organization is for!

IF you have more than one Clay line, please complete second and/or third forms. Identify where the lines come together by marking with "A" for the first line and "A1" for the second line.

If you know you connect with one of the common lines of the CFS, feel free to stop where you reach that line.

Sample: In this case, the Clay line goes through "Susan Smith's" father, Samuel, to his mother, Mary (Clay) Smith.

	Ancestor (Clay Line)	Married	Spouse (other line)
1	Your Name: <i>Susan Smith</i>	1970	Your Spouse: <i>Harry Hatch</i>
2	Your <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother: <i>Sam Smith</i>	Spouse of 2: <i>Mary Cashman</i>	
	B: 1932 In: California	M: 1965	B: 1939 In: California
	D: Living In:	In: CA	D: Living In:
3	<input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother of 2: <i>Mary Clay</i>	Spouse of 3: <i>Harvey Smith</i>	
	B: 1911 In: Omaha, Nebraska	M: 1930	B: 1907 In: Chicago, IL
	D: 1992 In: Modesto, California	In: NE	D: 1980 In: Modesto, CA
4	<input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother of 3: <i>Samuel Clay</i>	Spouse of 4: <i>Hermalinda Stokes</i>	
	B: 1881 In: Brooklyn, NY	M: c 1908	B: c 1891 In: Warwickshire, England
	D: 1928 In: Brooklyn, NY	In:	D: 1946 In: Modesto, California

	Ancestor (Clay Line)	Married	Spouse (other line)
1	Your Name:		Your Spouse:
2	Your <input type="checkbox"/> Father <input type="checkbox"/> Mother:	Spouse of 2:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
3	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 2:	Spouse of 3:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
4	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 3:	Spouse of 4:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
5	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 4:	Spouse of 5:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
6	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 5:	Spouse of 6:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
7	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 6:	Spouse of 7:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
8	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 7:	Spouse of 8:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:
9	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 8:	Spouse of 9:	
	B: In:	M:	B: In:
	D: In:	In:	D: In:

	<i>Ancestor (Clay Line)</i>		<i>Married</i>	<i>Spouse (other line)</i>	
10	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 9:		Spouse of 10:		
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
11	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 10:		Spouse of 11:		
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
12	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 11:		Spouse of 12:		
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
13	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 12:		Spouse of 13:		
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
14	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 13:		Spouse of 14:		
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:
15	<input type="checkbox"/> Father <input type="checkbox"/> Mother of 14:		Spouse of 15:		
	B:	In:	M:	B:	In:
	D:	In:	In:	D:	In:

Comments:

Your Contact Information:

Address _____ Primary Phone # (____) _____

City _____ Second Phone # (____) _____

State _____ Zip _____ Email _____ @ _____

If you have a website, or a tree on Ancestry.com or other host, please indicate its name and location:
