



Clay Family Society

MEMBER INFORMATION FORM

To complete this interactive form on your computer, first SAVE as "YourNameCFSMmbrGen2019.pdf," close the file and reopen in AdobeReader. Place your cursor in the boxes and type the information. Then, save again.

Membership Dues are from January 1 through December 31.
You may choose to pay any number of years.

New Membership? or Renewal?

INDIVIDUAL MEMBERSHIP \$15 per year
 — *one person, one household* (1 vote):
 \$15 **one year** OR \$___ for ___ years
 Member _____
 Spouse/significant other: _____

FAMILY MEMBERSHIP \$18 per year—two persons
 who live in one household (2 votes):
 \$18 **one year** OR \$___ for ___ years
 Primary Member _____
 Second Member _____

Address _____ Primary Phone # (____) _____ (cell?
 City _____ 2nd Phone # (____) _____ (cell?
 State _____ Zip _____ E-mail _____ @ _____
 Please print or type e-mail address in all **UPPER CASE**.

NOTICE!

The Clay Family Society respects your right to privacy. The *Member Directory* is available on the "Members Only" portion of the website "ClayFamilySociety.org," and to current members by USPS. We do not share personal information on living people outside the CFS without express permission from that person.

If you wish to have your name(s) and contact information in the Directory **check here:**

The genealogy you include has been or will be transferred to a "members only" group database. It includes your name, and usually, a spouse/partner's name. If you wish to have that information in the database **check here:**

Should you ever wish to have *your* information be removed from either the directory or the database, please contact us at lineages@clayfamilysociety.org.

<p style="text-align: center;">Electronically</p> <p>(1) Save again as "YourNameCFSMmbrGen2019.pdf" (2) email as an attachment to: Treasurer@ClayFamilySociety.org and Lineages@ClayFamilySociety.org (3) Go to Electronic Pay for payment instructions.</p>	<p style="text-align: center;">Please complete for our Records:</p> <p><input type="checkbox"/> Check Number: _____ <input type="checkbox"/> PayPal Amount: _____ Date: _____</p>	<p style="text-align: center;">By Mail</p> <p>(1) Print out the completed form. (2) Write the check. (3) Send to: <i>Clay Family Society</i> <i>% Nancy Cook, Treasurer</i> <i>1908 Quail Crossing Rd.</i> <i>Burkeville, VA 23922</i></p>
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Volunteer!

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"/> Library Science
<input type="checkbox"/> Photography
<input type="checkbox"/> Public Relations
<input type="checkbox"/> Public Speaking/Teaching
<input type="checkbox"/> Administration/Board of Directors | <input type="checkbox"/> Help with our Biennial Gathering
<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Member Support Team
(maintaining contact with members)
<input type="checkbox"/> Languages (please specify): _____ | <input type="checkbox"/> Computer Skills
<input type="checkbox"/> Databases
<input type="checkbox"/> Publishing/Website
<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Other (please specify): _____ |
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Our newsletter, *Pieces of Clay*, Directory, and other communications are sent 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. Your documentation is needed, if you have it, and you may include it as notes or attachments.

Renewing Members: Please check your lineage annually on the website and include updates as attachments to this form.

Clay Family Genealogy Form

Thank you for taking the time to complete this form. We do not expect you to know all your genealogy, but please give us what you know, with sources where you can (put the sources in the notes, or attach a file).

You may complete this PDF form **on your computer or you can print it out** and complete it by hand. If using a pencil or pen, PLEASE PRINT!

For females, please **ALWAYS enter her family surname (“maiden name”)** if you know it. 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.

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.

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

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

