

# DELANO KINDRED NEW MEMBER APPLICATION

[www.delanokindred.us](http://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](http://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, 235 Phoenix Blvd NW, Christiansburg, VA 24073-1647

If this is a gift membership, name of donor: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_