

# 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):
Telephone #:	E-mail Address:	Have you previously been a member? YES ( ) NO ( )	

CHECK HERE TO HIDE THESE ITEMS IN OUR MEMBERSHIP DIRECTORY:  POSTAL ADDRESS  EMAIL ADDRESS  PHONE #

## 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

### Select Membership Type:

\_\_\_\_\_ **Adult Descendant** (or surviving Spouse)    1 year @ \$23.00, 2 years @ \$38.00, 3 years @ \$50.00.....\$ \_\_\_\_\_  
(If surviving Spouse, who was the Descendant Member? \_\_\_\_\_)

\_\_\_\_\_ **Adult Descendant AND Spouse**    1 year @ \$33.00, 2 years @ \$58.00, 3 years @ \$80.00.....\$ \_\_\_\_\_

Name and Email (if any) of Spouse: \_\_\_\_\_

\_\_\_\_\_ **Family Descendant Membership**    1 year @ \$38.00, 2 years @ \$68.00, 3 years @ \$95.00.....\$ \_\_\_\_\_  
(Includes Descendant and Spouse, plus Descendant Children under 18 years of age.)

Name and Email (if any) of Spouse: \_\_\_\_\_

Name(s) and birth dates ) \_\_\_\_\_

>  
...of children under 18: ) \_\_\_\_\_

\_\_\_\_\_ **Associate (Non-Descendant, non-voting)**    1 year @ \$23.00, 2 years @ \$38.00, 3 years @ \$50.00.....\$ \_\_\_\_\_

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, please print name of Donor: \_\_\_\_\_

....and Donor's EMAIL address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant or Donor: \_\_\_\_\_