

NOTE: Applications must be filled out in ink or typed.
COMPLETE ALL BLANKS
Please read over carefully.

KINDLY SUPPLY information requested below
**Catholic Daughters
of the Americas®**

APPLICATION FOR
**DUAL
MEMBERSHIP**

Print or Type:
(Miss) _____
I, (Mrs.) _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell Phone: _____
E-mail _____ @ _____

My Primary Membership shall be considered:
Court _____ No. _____ City _____ State _____

Currently a member in good standing of:
Court _____ No. _____
City _____ State _____

My Secondary Membership shall be considered:
Court _____ No. _____ City _____ State _____

_____ (Signature of Regent of this court)

Applicant's Legal Signature _____

Is applying for dual membership in:

Date of Application _____

Court _____ No. _____

City _____ State _____

PLEASE NOTE:
Original form must be sent to the National Office
One copy must be sent to the State
One copy is kept for your court records
NOTE: The Financial Secretary, within five (5) days
after the pledge of the applicant, shall forward this
form, properly filled out, to the National Office at
10 West 71st Street, New York, NY 10023

_____ (Signature of Regent of this court)