

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

Print or Type:

(Miss) _____
I, (Mrs.) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

hereby apply for membership in the Catholic Daughters of the Americas® through

Court _____ No. _____ City _____ State _____

and do declare and say:

1. I am a member of _____ Catholic Church located at _____
2. I will abide by the Bylaws, Rules and Regulations of the Order.
3. I am over eighteen (18) years of age.

Applicant's Legal Signature _____

Date of Application _____

KINDLY SUPPLY information requested below

Catholic Daughters of the Americas®

APPLICATION FOR

MEMBERSHIP

(Name)

Date of Pledge _____

Court _____ No. _____

City _____ State _____

(Signature of Regent)

PLEASE NOTE:
White original copy must be sent to the National Office
Yellow copy must be sent to the State
Pink copy is kept for your court records

NOTE: The Financial Secretary, within five (5) days after the pledge of the applicant, shall forward the white form, properly filled out, to the National Office at **10 West 71st Street, New York, NY 10023**