

**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

MEMBERSHIP

Print or Type:

(Miss)
I, (Mrs.) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

Hereby apply for membership in the CATHOLIC DAUGHTERS OF THE AMERICA through

Court _____ No. _____ City _____ County _____ 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 _____

PLEASE NOTE:

White Original copy to be sent to the National Office
Yellow copy to be sent to the State
Pink copy for your records

THIS FORM CANNOT BE DUPLICATED – ONLY ORIGINALS WILL BE ACCEPTED

(name)

Date of Pledge _____

COURT _____ NO. _____

CITY _____ STATE _____

(Signature of Regent)

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