

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 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

My Primary Membership shall be considered:

Court \_\_\_\_\_ No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

My Secondary Membership shall be considered:

Court \_\_\_\_\_ No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Applicant's Legal Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

**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**

*KINDLY SUPPLY information requested below*

**Catholic Daughters  
of the Americas®**

APPLICATION FOR

**DUAL  
MEMBERSHIP**

\_\_\_\_\_  
*(Name)*

Currently a member in good standing of:

Court \_\_\_\_\_ No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Regent of this court)*

Is applying for dual membership in:

Court \_\_\_\_\_ No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Regent of this court)*