

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 AMERICA through

Court St. Elizabeth No. 1616 City Sealy County Austin State TX

and do declare and say:

1. I am a member of Immaculate Conception Catholic Church.
located at 608 5th Street Sealy TX 77474
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
Send a copy to the State
Keep a copy for your records

KINDLY SUPPLY information requested below

CATHOLIC DAUGHTERS OF THE
AMERICAS

APPLICATION FOR

MEMBERSHIP

(name)

Date of Pledge _____

COURT St. Elizabeth NO. 1616

CITY Sealy STATE TX

(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