APPLICATION FOR MEMBERSHIP

IN THE

KNIGHTS OF PETER CLAVER DIVISION OF JUNIOR DAUGHTERS

(APPLICATIONS MUST BE FILLED OUT IN INK)

1. I,	Street	No		
City or Town of	State of		Zip Code	
ereby apply for members	ship in the Junior Daughters through	1(No.	me of Court)	
Court No.	and do declare and say:	(Na	me of Court)	
TTILL TO A STATE OF	GI. The G	G		
. That I was born in the	City or Town of	in the year 19	and I am now	vears of age
if thetay of		_ in the year 19	and I am now	years or age.
3. Father's and Mother	r's name			
4. That I am a practical Church of the above City	l Roman Catholic and usually attend y or Town.	1	Name of Church)	
5. That I will remain as Daughters of Peter C	nd continue a practical Roman Catho	olic or, failing so to	do, forfeit my membe	ership in said Junior
	een a member or proposed as a mem where and how connection severed.	•	_	
	ny occupation isation are			ss is
of any Court thereof, of after be adopted by the p	to and abide by the Constitution, By which I may at any time be a member or per authorities or submit to the peaws, Rules and Regulations.	er, which may now b	be in force, or which i	may at any time here-
matters of difference or obligation thereof. And I	the decision of the Board of Directors dispute between said Junior Daughte hereby waive and surrender any right said Junior Daughters or any Court to, or any other country.	ers or any Court ther at which I may or mig	eof, and myself, relati ght otherwise have, to	ive to membership or th bring, institute and
or any Court I do he and agree, that if at any	the privilege of making this applicate ereby warrant each and every statem time it shall be shown that any of supership in said Junior Daughters of Junior Daughters of Junior Daughters of Junior Daughters	nent by me made in t uch statements in thi	the foregoing applica	tion to be true,
11. Beneficiary Relationship				
	QUESTIONS TO BE ANS			
(b) Have you complied Church?(c) If not, have you since	the sacraments of Reconciliation and with your Easter duty at the Easter ti————————————————————————————————————	ime, previous to this	application, as require	
_	ences the following two members of the	_		,
	_	_	-	
	Addres			
Name	Addres	SS		
My residence before No	the one hereinbefore stated was:Street		(State)	
In signing my name her	reto I certify that I have read this apply parent, or guardian, to join the Junio	ication and am fully	acquainted with its cor	ntents, and that
Signed by me this	s	day of		20
Signature of Pare	ent or Guardian			
		_	(Signature of Applica	ant)
			Inni	or Court No

(Name of Court)

KNIGHTS OF PETER CLAVER, LADIES AUXILIARY PROPOSER'S CERTIFICATE

I, the undersigned, proposer of the above applicant, hereby certify on my honor as a member of the Junior Daughters of Peter Claver, that I have known said applicant for years, and know her to be a practical Roman Catholic. That I have read the foregoing application and believe that all statements contained therein are true and do not know anything to the contrary. I hereby give my unqualified endorsement of said applicant as a fit and desirable member of the Junior Daughters of Peter Claver and eligible by occupation and otherwise under the laws and rules of the Junior Daughters of Peter Claver for membership therein.
Signed(Signature of Proposer)

(Signature of Fin. Secretary)	(Name of Court) Junior Daughters Court No Knights of Peter Claver	Relationship	Beneficiary – Mr., Mrs., Miss	Reinstated 20 Month Day	Initiated20	(Name of Member)	Membership of	Certificate No Application
					(Signature of the Counselor)	by the Character Committee duly appointed by me	(*insert "approved" or "rejected" as the case may be.)	I certify that this application has been presented and read by me at a regular meeting of my Court and the same.