

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 _____

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

KINDLY SUPPLY information requested below

**Catholic Daughters
of the Americas®**

APPLICATION FOR

MEMBERSHIP

(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**