

NOTE: Applications must be filled out in ink or typed.

COMPLETE ALL BLANKS

Please read over carefully before signing

Print or Type

(Miss)

I, (Mrs.) _____

Address _____ City _____ State _____ Zip _____

hereby apply for reinstatement 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

2. (a) I previously joined Court _____ No. _____

on _____ (date joined)

(b) Surname at time of application _____

(c) Date Membership Terminated _____

(d) Membership terminated by Forfeiture _____ Resignation _____

3. I will abide by the Bylaws and Rules and Regulations of said Order.

4. I am over eighteen (18) years of age.

Applicant's Telephone No. _____ E-Mail _____

Applicants legal signature _____

PLEASE NOTE:

Original copy to be sent to the National Office

Send a copy to your state

Keep a copy for your records

KINDLY SUPPLY information requested below

CATHOLIC DAUGHTERS OF THE AMERICAS

APPLICATION FOR

RENEWAL

(name)

Date of Renewal _____ 20 _____

COURT _____ NO. _____

CITY _____ STATE _____

(Signature of Regent)

NOTE: The Financial Secretary within five (5) days after the renewal of the applicant shall forward this form properly filled out to the National Office at 10 West 71st Street, New York, NY 10023