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

Order #100 (Rev. 2002)