



**NATIVE DAUGHTERS OF THE GOLDEN WEST
APPLICATION FOR MEMBERSHIP**

This application is subject to acceptance by the Subordinate Parlor. It must be typed or printed in ink and all blanks completed, except those with an asterisk which are optional.

NAME: _____
 Last First Middle (Maiden)

I, the undersigned, being a native of the State of California, and a citizen of the United States of America, desire to become a member of _____ Parlor No. _____. I pledge to support the principles of the Constitution of the United States of America.

I was born in (City/State/Country**) _____,

County of _____ Date of Birth _____

Address: _____

City, State, Zip _____

Phone: (____) _____ *Cell Phone (optional): (____) _____

*Email (Optional): _____

** Condition if born outside California: (As per CSP, Page 76, Article Two, Membership, Section 1 adopted June 2008)

_____ Born while parent(s) was/were on active duty in the United States Military

_____ Born in bordering state due to unavailability of needed medical services.

Have you previously been a Member? _____ Yes _____ No

If yes, state former Parlor: _____

Reason for leaving: Resigned _____ Suspended _____ Other _____

If suspended, find enclosed receipt for payment of arrearage of \$ _____.

Please include initiation fee of \$ _____ and six months dues in advance of \$ _____,

with completed and signed application, a total of \$ _____. Make check payable to

_____.

I understand that in the event my application is not accepted, my initiation fee and dues paid in advance will be refunded.

Signed: _____ Date: _____

Recommended by Members: _____

Recording Secretary

SEAL

Address

NAME: _____

DATE READ: _____

We certify that we have examined a Birth Certificate/Legal Affidavit of this applicant.

_____ PRESIDENT

_____ RECORDING SECRETARY

_____ CHAIRMAN, BOARD OF TRUSTEES

The Membership Committee reports _____ favorably on this applicant.

Signed: _____ PRESIDENT

DATE OF: _____ ELECTION

_____ REJECTION

_____ INITIATION

Application approved by Grand Parlor Office by:

_____ NAME/TITLE

_____ DATE