

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 are optional.

NAME:	Last	First	M: Jalo	(mailan)	
ADDRESS:		First	Middle	(Maiden)	
	*CELL PHONE: ()				
I WAS BORN IN (CITY/STATE/COUNTRY):					
COUNTY OF:	DATE OF BIRTH:				
Condition if born outside of California (As per CSP, Article Two, Membership, Section 1): 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 Born while California resident parents were in a relocation camp during WWII Have you previously been a Member? DNo DYes If yes, state former Parlor: Reason for leaving: DResigned DSuspended DOther If suspended, find enclosed receipt for payment and arrearage of \$					
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					
				DATE:	
RECOMMENDED	BY MEMBERS:				
\$	ee \$and s Make	on, please include: ix months of dues in ade e check payable to: oof of California birth			

NAME:								
SUBORDINATE PARLOR:								
APPLICATION APPROVED BY SUBORDINATE PARLOR: We certify that we have examined a Birth Certificate/Legal Affidavit of this applicant. PRESIDENT:								
						RECORDING SECRETARY:		
						CHAIRMAN, BOARD OF TRUSTEES:		
Therefore, the Membership Committee reports	favorably on this applicant.							
PRESIDENT:								
DATE APPLICATION READ:								
APPLICATION APPROVED BY GRAND PARLOR OFFICE:								
Application approved by:								
NAME & TITLE:								
DATE:								
SEAL:								
MEMBERSHIP DATES:	SIGNATURE RECORDING SECRE	ETARY:						
ELECTION:								
REJECTION:								
INITIATION:								
RESIGNED:								
SUSPENDED:								
REINSTATED:								
TRANSFERRED IN:								
TRANSFERRED OUT:								
DECEASED:								