

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 complete.

NAME:				
	Last	First	Middle	(Maiden)
CITY, STATE, ZIP: _				
PHONE:	CELL PHONE:			
EMAIL:				
I WAS BORN IN (CI	TY/STATE/COUNT	RY):		
COUNTY OF	DATE OF BIRTH:			
Born whil Born in be Born whil Member-at-Large?	le parent(s) was/we ordering state due to le California residen If yes, Parlor Name		e United States n ded medical serv ocation camp du	nilitary vices
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I, the undersigned, America, desire to to support the prin event my application agree to allow use	being a native of the become a Member of the Constite on is not accepted, to find my contact informs	tution of the United State the initiation fee and a mation and/or image	Po ates of America. lues paid in advo within the Orde	orlor No I pledge I understand that in the ance will be refunded. I
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NAME OF APPLICANT	··	
PARLOR & No.:		DATE APPLICATION READ:
APPLICATION APPRO	OVED BY SUBORDINATE I	PARLOR:
We certify that we hav	ve examined a birth certific	ate, passport, legal affidavit or verifying document of
this applicant.	, and the second	
DDECIDENC.		
PRESIDENT:	{Print Name}	
RECORDING SECRETARY:		(Signature)
blektimer.	{Print Name}	{Signature}
CHAIRMAN,		
BOARD OF		
TRUSTEES:	{Print Name}	{Signature}
	(1 rutt 1 vante)	<i>{Signature</i> }
	available on Grand Parlor	r Office Supply Order Form.
Copy of Membership A	Application, Membership	o Card and Membership Activity Form sent to the
Grand Parlor Office.	Date mailed:	• •
Giana Fanoi Onice.	Date maneu.	
Applicant Elected:	Date:	
Applicant Rejected:	Date:	
Subordinate Member-	at-Large Obligation Decl	aration Received: Date:

Revised: June 2022