



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	Middle	(Maiden)
ADDRESS: _____			
CITY, STATE, ZIP: _____			
PHONE: () _____		*CELL PHONE: () _____	
*E-MAIL: _____			
I WAS BORN IN (CITY/STATE/COUNTRY): _____			
COUNTY OF: _____		DATE OF BIRTH: _____	

Condition if born outside of 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
- Born while California resident parents were interred in a relocation camp during WW II

Have you previously been a member? No Yes

If yes, state former Parlor: _____

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

SIGNED: _____ DATE: _____

RECOMMENDED BY MEMBERS: _____

Along with the completed application, please include:

- Initiation fee \$ _____ and six months of dues in advance \$ _____, for a total of \$ _____ Make check payable to: _____
- Copy of birth certificate/proof of California birth

RECORDING SECRETARY: _____ SEAL: _____

ADDRESS: _____

NAME: _____

SUBORDINATE PARLOR: _____

APPLICATION APPROVED BY SUBORDINATE PARLOR:

We certify that we have examined the documents received from this applicant.

PRESIDENT: _____

RECORDING SECRETARY: _____

CHAIRMAN, BOARD OF TRUSTEES: _____

Therefore, the Membership Committee reports _____ favorably on this applicant.

PRESIDENT: _____

DATE APPLICATION READ: _____

Membership Folder: _____ (available at any time on Supply Order Form)

Recording Secretary: _____

Activity form and Membership card sent to the Grand Parlor Office: _____ Date mailed: _____

MEMBERSHIP DATES:

ELECTION: _____

REJECTION: _____

INITIATION: _____

RESIGNED: _____

SUSPENDED: _____

REINSTATED: _____

TRANSFERRED IN: _____

TRANSFERRED OUT: _____

DECEASED: _____

SIGNATURE RECORDING SECRETARY:
