

NOTE: Applications must be filled out in ink or typed.
COMPLETE ALL BLANKS
Please read over carefully

Print or Type:

(Miss)
I, (Mrs.) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

Hereby apply for membership in the CATHOLIC DAUGHTERS OF THE AMERICA through

Court _____ No. _____ City _____ County _____ State _____

and do declare and say:

1. I am a member of _____ Catholic Church.
located at _____
2. I will abide by the Bylaws, Rules and Regulations of the Order.
3. I am over eighteen (18) years of age.

Applicant's Legal Signature _____

Date of Application _____

PLEASE NOTE:

*Original copy to be sent to the National Office
A copy is to be sent to the State
Keep a copy for your records*

THIS FORM CANNOT BE DUPLICATED – ONLY ORIGINALS WILL BE ACCEPTED

KINDLY SUPPLY information requested below

**CATHOLIC DAUGHTERS OF THE
AMERICAS**

**APPLICATION FOR
CAMPUS COURT
MEMBERSHIP**

(name)

Date of Pledge _____

COURT _____ NO. _____

CITY _____ STATE _____

(Signature of Regent)

NOTE: The Financial Secretary within five (5) days after the pledge of the applicant shall forward this form properly filled out to the National Office at 10 West 71st Street, New York, NY 10023