

**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:**

**White** Original copy to be sent to the National Office  
**Send** a copy to the State  
**Keep** a copy for your records

*KINDLY SUPPLY information requested below*

**CATHOLIC DAUGHTERS OF THE  
AMERICAS**

**APPLICATION FOR**

**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 the white form properly filled out to the National Office at 10 West 71<sup>st</sup> Street, New York, NY 10023