

APPLICATION FOR MEMBERSHIP IN THE

Daughters of Isabella

To the Officers and Members of Circle, No.:
I,
Street
City State Zip Code
Telephone: Home Business

do apply for membership in the DAUGHTERS OF ISABELLA. If elected to membership, I will in all respects conform to and abide by the Constitution and By-Laws of the organization, and of any Circle thereof, of which I may at any time be a member.

IN WITNESS THEREOF, I have hereunto signed my name this day of 19..... in presence of (Signature)

QUESTIONS TO BE ANSWERED BY APPLICANT

- 1. Are you [redacted] Catholic?
2. Of what parish are you a member?
3. Date of Birth
4. If married, what was your maiden name?
5. Have you ever been a member of the Daughters of Isabella?
6. Occupation:

PROPOSERS' CERTIFICATE

We, the undersigned, proposers of the above applicant and members of this circle, hereby certify on our honor as members of the Daughters of Isabella that we have known the applicant for and know her to be a Practicing Catholic.

Proposer
Proposer
Signed (Regent)

Application read at Business Meeting on:
Short Form: Date Long Form: Date
Removed from the active files on
Transfer Suspension Death Resignation