

DAUGHTERS OF ISABELLA



APPLICATION FOR MEMBERSHIP

To the Officers and Members of Circle No.

I,

Street.

City State Zip Code

Telephone: Home Business

Cell. Email.

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 20.
In presence of (Signature)

QUESTIONS TO BE ANSWERED BY APPLICANT

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

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 Catholic.

Proposer

Proposer

Signed

Application read at Business Meeting on:

Short Form: Date Long Form: Date

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