

Insignia No. _____

Certificate No. _____

Issued _____

APPLICATION

of

Approved _____, 20__

_____ } Committee of
Investigation

Elected a Member
of
**The Dames of the Loyal Legion
of the United States of America**

on the _____ day of _____

20____ through the Society of the

State of _____

State Registrar

**DAMES OF THE LOYAL LEGION
OF THE UNITED STATES OF AMERICA**

SOCIETY OF THE STATE OF _____

I have the honor to apply for admission to membership in **The Dames of the Loyal Legion of the United States of America**, and I do hereby certify that I have not heretofore applied for membership in the Society.

The Insignia of deceased members which have not previously been bequeathed to eligible members shall become the property of the National Society.

(Signature of Applicant) _____

We recommend _____ as worthy of admission to the Society

SPONSOR

This application must be signed by the applicant, bear the recommendation signatures of two Dames of the Society and be accompanied by a check for \$20.00, covering admission fee and the first year dues. Certificates are available at extra cost. No application will be acted upon unless these requirements have been complied with.

USE TYPEWRITER OR PRINT, WITH CARBON SHEET UNDER
"DUPLICATE FOR STATE REGISTRAR" MUST ABSOLUTELY AGREE WITH THIS SHEET
DATA IN SUPPORT OF APPLICATION

Dated _____ 20 _____

Print name in full _____

Occupation _____

Print address _____

Born _____ in _____

Eligibility for membership is claimed by right of the service in the War of the Rebellion

of Original Companion _____

Deceased Officer (GIVE FULL NAME)

(GIVE RANK AND ARM OF SERVICE WITH UNIT)

Insignia No. _____ Commandery of _____

who died in _____ on _____

HIS RECORD OF SERVICE IS AS FOLLOWS:

COURSE OF DESCENT OF ELIGIBILITY:

(Give full names of wife and ALL lineal descendants of the Officer through whom eligibility is claimed, in order of birth, with marriages and deaths; or, in default of direct descendants, similar information as to descendants of all brothers and sisters of the Officer.)

(Signature of Applicant) _____

(Address of Applicant) _____

Insignia No. _____

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CARBON DUPLICATE STATE REGISTRAR

DATA IN SUPPORT OF APPLICATION

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(Signature of Applicant) _____

(Address of Applicant) _____

Insignia No. _____

Certificate No. _____

Issued _____

APPLICATION FOR MEMBERSHIP
of

Elected a Member
of

The Dames of the Loyal Legion
of the United States of America

on the _____ day of _____

20 _____ through the Society of the

State of _____

State Registrar