



**DAMES OF THE LOYAL LEGION OF THE UNITED STATES
APPLICATION FOR MEMBERSHIP**

Date: _____

Print Full Name: (First, Middle, Last) _____

Address: _____
Street City State Zip Code

Email: _____ Occupation: _____

Birth Date: _____ Location: _____

1. Eligibility for membership claimed by right of service in the War of the Rebellion of:

Officer's Full Name: _____

Rank, Arm of Service, and Unit _____

Insignia Number Commandery

His Record of Service is: _____

*Course of Descent of Eligibility via Officer:
Please attach (Full name of wife and ALL lineal descendants of the Officer through who eligibility is claimed, in order of birth with marriages and deaths; or, in default of direct descendants, similar information of all brothers and sisters of the officer)

2. Eligibility for membership is claimed by right of husband:

Officer's Full Name: _____

Insignia Number Commandery

Signature of Applicant: _____

We recommend _____

as worthy of admission to the National Society

Signature of Sponsor _____

Signature of Sponsor _____

This application must be signed by the applicant, with the recommendation signatures of two members of the Dames of the Loyal Legion of the United States. A check for \$50.00 must accompany this application which covers the application fee and first year dues. No application will be acted upon unless these requirements have been completed.

Mail the completed Application, check for \$50.00 (made payable to: DOLLUS) and any documents required to:

Julie Forbes, National Registrar, 102 West Kennedy Road, North Wales, PA 19154-5601

Include an additional \$25.00 if you want to purchase a membership certificate.

Include an additional \$60.00 if you want to purchase the DOLLUS insignia pin.

For Office Use Only

Membership Application For: _____

Insignia Number _____

Elected a Member of the Dames of the Loyal Legion of the United States of America on

the _____ day of _____ 20 _____

Signature of National Registrar _____