



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: _____

Please attach a document showing all lineal descendants of the Officer through whom eligibility is claimed, or, in lieu of a direct descendant, similar information of all brothers and sisters of the officer, starting with your name. Include birth, marriage and death dates and provide proof demonstrating your relationship to the Civil War Officer identified below.

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: _____

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

Husband's Name and Commandery: _____

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:

Michele Wallenta, 6 Wagon Wheel Lane, Columbus, NJ 08022

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 _____