



National Society Daughters of the British Empire in the United States of America  
*Incorporated in the State of Delaware*

Membership is extended to females residing in the USA who are: 1) of British, former British Commonwealth, or Commonwealth of Nations birth or ancestry, 2) naturalized British, former British Commonwealth, or Commonwealth of Nations subjects or citizens, or 3) spouses or partners of persons of British, former British Commonwealth of Nations birth, naturalization, or ancestry. Please indicate eligibility:

\_\_\_\_\_

I \_\_\_\_\_ apply for membership in \_\_\_\_\_ Chapter  
*Title First Name Middle Last*

Address: \_\_\_\_\_ Apt \_\_\_\_\_

\_\_\_\_\_ *City State Zip*

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthday: \_\_\_\_ Day \_\_\_\_\_ Month Spouse/Partner's name: \_\_\_\_\_

TRANSFER DETAILS (if applicable):

Previous Chapter: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

I declare and promise to abide by the Bylaws of the Daughters of the British Empire in the USA, and strive to further its objectives:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Application endorsement by two members:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Membership Category: ☐ New ☐ Transfer ☐ Junior (13-17 years of age)

DUES AND ALL FEES MUST ACCOMPANY THIS APPLICATION. TOTAL PAYMENT: \$ \_\_\_\_\_

☐ Bylaws ☐ Badge ☐ Dues Check #: \_\_\_\_\_

STATE ADMINISTRATION: Chapter Treasurer to State Treasurer within 10 days of receipt.

Date received by Chapter Treasurer: \_\_\_\_\_ Date deposited \_\_\_\_\_ Date sent to National: \_\_\_\_\_

NATIONAL ADMINISTRATION: State Treasurer to National Treasurer within 30 days of receipt.

Date Received by National: \_\_\_\_\_ Date deposited: \_\_\_\_\_