



National Society, Daughters of the British Empire in the USA, Inc.

Application to be a Member in an Organized State

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, or Commonwealth of Nations birth, naturalization, or ancestry.

Please indicate eligibility: _____

I, _____ apply to be a Member in _____
(Name: First Middle Last) (State)

Address: _____ City: _____ State: _____ Zip: _____
Cell: _____ Email: _____ Spouse/Partner's name: _____
Birthplace: _____ Birthday (Day/Month): _____

Membership Category: New Member Transfer Member
How did you hear about DBE? Member Website Podcast Social Media: _____ Other: _____

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: _____

FEES

DBE World Quarterly Newsletter and National Minutes can be accessed on the National Website.

I prefer to receive by: Mail (free) Email Opt Out

Additional Items

Bylaws \$2.50 - digital copy is available on the website

Badge \$10

Dues \$22.00 (organized states)

FOR STATE/NATIONAL USE

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

Application in organized State approved by: _____, State Board President
(signature)

ADMINISTRATION: District Officer to send to National Treasurer within 30 days of receipt, copy to DO.

Date received by State Treasurer: _____ Date received by National: _____