

Application for Associate Membership

In

The State Association of the Daughters of the Pioneers of Washington

Chapter No.

Name of Applicant

- Adult Associate
Junior Associate

Name Husband's Name

Address

Phone Birthplace Birthdate

Associate

- 1. Mother of Active or Junior Member (I am not eligible in my own right)
I am the mother of a member of Chapter No.
2. Mother of Wife of Male who carries the eligibility date
Name of eligible male who is a lineal descendent of pioneers who established their residence in Washington State during the year 1870 and/or prior thereto; or in Oregon during the year 1853 and/or prior thereto; or in Idaho during the year 1863 and or prior thereto; or in Montana, west of the crest of the Rocky Mountains during the year 1863 and/or prior thereto.

Ancestor(s) upon whom he bases his eligibility. Be specific, list biographies, donation land claim number, copy of newspaper clipping showing date, census and date etc...

1. Name Date Place of First Residence

Documentary Evidence Date or Claim Number

2. Name Date Place of First Residence

Documentary Evidence Date or Claim Number

3. Adopted Daughter, Granddaughters or direct lineal descendent of same.

Name of Member \_\_\_\_\_ of \_\_\_\_\_ Chapter No. \_\_\_\_\_

I hereby submit my application or Associate Membership in the State Association of The Daughters of the Pioneers of Washington.

Endorsement from Documentary Evidence

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

Membership Chairman

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

Historian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date