

SECTION TO BE COMPLETED BY DAUGHTERS OF THE PIONEERS

Revised Oct. 2018

Chapter Name & Number _____ Date of Membership: _____
 Family History Submitted _____ Active: _____
 Documentary Evidence Endorsed By: _____ Junior: _____
 Membership Chair or President: _____ Associate: _____
 Historian: _____ Associate-1889: _____
 Certificate # _____ Dated: _____ Associate-Other Ch. _____
 Transferred to: _____ Date: _____ Deceased: _____



*Application for Membership in
 State Association of
 The Daughters of the Pioneers of Washington*



Active Members shall be female lineal descendants, eighteen years of age or older, of pioneers who established their residence in Washington during 1870 or prior hereto, or in Oregon during the year 1853 or prior thereto, or in Idaho during the year 1863 or prior thereto, or in Montana west of the Rocky Mountains during the year 1863 or prior thereto. **Associate-1889 members** shall be female descendants, 18 years of age or older, of pioneers who established their residence in Washington during the year 1889 or prior thereto. The state entrance fee and dues for one year, as set by the Chapter, shall accompany this application. **Junior Members** shall be female descendants under eighteen years of age, and are exempt from fees and dues.

Name: _____ Husband: _____
First Maiden Married

Address: _____
Street City State Zip

Date of Birth: _____ Birth Place: _____
City County State

Phone: _____ Cell Phone: _____ Email: _____

Ancestor (s) upon whom you make claim for eligibility. Be specific and include proof of residency with pedigree chart and proof of descendency from them, (pg. 3-4). Include donation land claim's, census records, birth/death cert., obits., bible records, etc.

1. _____
Name Arrival Date Place of Residence

Documentary Evidence Document Number & Date

2. _____
Name Arrival Date Place of Residence

Documentary Evidence Document Number & Date

I hereby submit my application for Membership in the State Association of the Daughters of the Pioneers of Washington.

Signature of Applicant (or parent) Date

Signature of Chapter Historian Signature of Chapter President

DIRECT LINEAGE OF APPLICANT FOR The Daughters of the Pioneers of Washington – and Documents to prove lineage of applicant.

Chapter Name _____ Number _____

(The last individuals on this form are my Pioneer Ancestors - #1 and #2 on Application form).

I am _____ born on _____

at _____
City County State

I am the ___ daughter ___ daughter-in-law ___ mother ___ wife ___ adoptee of:

2. (Father) _____ born on _____

at _____ died on _____ at _____

AND _____ (his ___ wife)

Born _____ at _____ died on _____ at _____

Married on: _____ at _____

No. 2 above _____ was the child of:

3. _____ born on _____

at _____ died on _____ at _____

AND _____ (his ___ wife)

born _____ at _____ died _____ at _____

Married on: _____ at _____

No.3 above _____ was the child of:

4. _____ born on _____

at _____ died _____ at _____

born _____ at _____ died _____ at _____

Married on: _____ at _____

No. 4 above _____ was the child of:

5. _____ born _____

at _____ died _____ at _____

AND _____ (his ___ wife)

born _____ at _____ died _____ at _____

Married on: _____ at _____

The said _____ was the child of:

born on _____ at _____

at _____ died _____ at _____

AND _____ his (_____) wife

born _____ died _____ at _____

Married on: _____ at _____

The said _____ was the child of:

7. _____ born on _____

at _____ died _____ at _____

AND _____ his (_____) wife

born _____ at _____ died _____ at _____

Married on: _____ at _____

The said _____ was the child of:

_____ born _____

at _____ died _____ at _____

AND _____ his (_____) wife

born _____ at _____ died _____ at _____

Married on: _____ at _____

DOCUMENTATION

The following evidences of proof are submitted with this application to show that each generation can be traced back to my Pioneer Ancestor: (Please list proof on line to correspond with numbered lines above.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

State Association of the Daughters of the Pioneers of Washington



Descendant Report of Applicant

Chapter: _____ # _____

Name: _____
 Given Names Maiden Married

Children:

Name	Birthdate	Married Name

Names of Grandchildren:

Name	Birthdate	Married Name

Continue for names of Great Grandchildren, next page.

Great Grandchildren

Name	Birthdate

More space for descendants or notes if needed

Date: _____ Applicant's Signature: _____