

**Descendants of Continental Colonial Officers**

Member Number



Application for Membership of

(enter your name as you want it to appear on your membership certificate)

Descendant of



Full Name (first, middle, last):

Address:

City:       ST:       Postal Code:

Telephone:       E-mail:



Approved Application Society Name:

Member Number:       Date Approved:       Approved by:



Ancestor’s Name:       Colony:

Ancestor’s Proof of Officer Commission or Appointment:

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** **\_\_\_\_\_\_\_\_\_**



**BELOW FOR REGISTRAR’S USE ONLY**

 Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_ (DCCO)

 Check Number \_\_\_\_\_\_\_\_\_(Registrar) Date Approved \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number \_\_\_\_\_\_

 Registrar’s Signature