



## Society of Daughters of the United States Army

Please type or print in ink in a dark color. If you are not joining through a chapter, please return this form with your check to the national registrar at the address below. The form should print as no more than two pages; if possible, we ask that you print the form front to back on one sheet. Please print the entire form and sign the signature line. Please do not send any original family or official documents.

### NEW MEMBER FORM

Date \_\_\_\_\_ Membership Number (office use, only) \_\_\_\_\_

I, the undersigned, am the daughter or granddaughter, natural, adopted, or step, of a Commissioned Officer or a Warrant Officer of the United States Army.

1) \_\_\_\_\_  
Last Name, First Name Birth Middle Name

\_\_\_\_\_  
Maiden Name (if applicable)

\_\_\_\_\_  
Nick Name (if applicable)

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

Secondary address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DUSA does not release any member information without permission. Please check here to allow us to release your information to DUSA members only: \_\_\_

2) Spouse/Partner Name (if applicable): \_\_\_\_\_

3) I am the daughter of: \_\_\_\_\_

Give in full, last name first, to include most recent rank, or rank at retirement / death, as applicable.

On Active Duty \_\_\_ Branch of Service \_\_\_\_\_

(Branch of Service includes Artillery, Corp of Engineers, Infantry, Signal Corps, etc.)

4) I am the granddaughter of:

\_\_\_\_\_  
Give in full, last name first, to include most recent rank, or rank at retirement / death, as applicable.

Branch of Service \_\_\_\_\_

5) I am the great-granddaughter of (optional):

\_\_\_\_\_

Branch of Service: \_\_\_\_\_

6) You may provide additional information of any relatives who have served our country in all uniformed branches of the US Armed Forces. (Optional)

7) Please list any relatives who are members of DUSA.

8) Please enclose a check or money order made out to DUSA for \$17.00 to cover initial annual National dues plus a one-time application fee of \$5.00. If you are joining through a chapter, it may assess additional dues.

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

Mail to:

Jeanne K. Anthony  
National Registrar (Acting)  
6925 Espey Lane  
McLean, VA 22101

\*\*\*\*\* office use only \*\*\*\*\*

Chapter: \_\_\_\_\_ At Large: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_

Date and number of check: \_\_\_\_\_ MNMN: Yes no

Reviewed

National Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

National Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_