

**CERTIFICATE OF MEMBERSHIP ORDER FORM**

PLEASE COMPLETE THIS FORM AND SEND IT TO YOUR CORPORATE SOCIETY REGISTRAR ALONG WITH A CHECK FOR \$40.00 MADE PAYABLE TO THE NSCDA. If you are uncertain about responding to any of these questions, please leave the line blank. Your Registrar will fill in the appropriate information.

**MEMBER'S NAME:** \_\_\_\_\_

**MEMBER'S CORPORATE SOCIETY:** \_\_\_\_\_

**MEMBER'S NAME:** \_\_\_\_\_  
(as you would like for it to appear on the certificate; usually given, maiden, married)

**MEMBER'S ANCESTOR'S NAME:** \_\_\_\_\_

**COLONIAL STATE WHERE ANCESTOR RENDERED SERVICE:** \_\_\_\_\_

**MEMBER'S COLONIAL STATE SOCIETY AND NUMBER:** \_\_\_\_\_

**MEMBER'S ASSOCIATE STATE SOCIETY AND NUMBER:** \_\_\_\_\_

**DATE OF ADMISSION BY COLONIAL STATE SOCIETY:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

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**COMPLETED CERTIFICATE TO BE MAILED TO:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

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**SIGNATURE of CORPORATE SOCIETY REGISTRAR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNED FORM AND CHECK TO BE SENT BY CORPORATE SOCIETY REGISTRAR  
TO THE MEMBERSHIP MANAGER AT NATIONAL HEADQUARTERS**