



Daughters of American Pioneers

Centennial Chapter

TO: Chapter Historian

CENTENNIAL CHAPTER DAUGHTERS OF AMERICAN PIONEERS

Parkersburg, WV 26101

I hereby apply for membership in the Centennial Chapter of Daughters of American Pioneers, believing that I can present lineage records of an ancestor living within the United States prior to 1799.

DATE _____

Given Name _____ Maiden Name _____ Last Name _____

(Spouse's Name) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

I EXPECT TO USE THE FOLLOWING GENEALOGICAL LINE FOR MEMBERSHIP:

ANCESTOR'S NAME _____ of (STATE) _____

THIS LINE HAS BEEN PROVEN IN _____

(Such as DAR or other Historical Society)

MY PATERNAL GRANDPARENTS ARE: _____ of _____

MY MATERNAL GRANDPARENTS ARE: _____ of _____

DATE _____ APPLICANTS SIGNATURE _____

APPLICANT SPONSORED BY TWO CENTENNIAL CHAPTER MEMBERS IN GOOD STANDING

SIGNED (1) _____ DATE _____

SIGNED (2) _____ DATE _____

FOR USE OF CHAPTER HISTORIAN ONLY:

DATE OF RECEIPT OF APPLICATION AND FEE** _____ **application fee \$3.00-annual dues \$10.00

DATE APPROVED BY CHAPTER _____

DATE APPLICANT NOTIFIED BY CHAPTER HISTORIAN _____

DATE LINEAGE PAPERS SENT BY HISTORIAN _____

DATE COMPLETED LINEAGE PAPERS RECEIVED BY HISTORIAN _____