

# Application for Membership in Daughters of Macomb

Check One:

Daughter of a Member  
(25yrs old to apply, 25yrs to be accepted)

General Membership  
(25 yrs old to apply, 30yrs to be accepted)

Name:

First M.I. Last Email Address Phone Number

Address:

Street City/Township Zip Code

Current Employer:

\_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth (MM/DD/Y Y): \_\_\_\_\_

How long have you been (or were) a resident of Macomb County? \_\_\_\_\_ (Must have 25 years total)

Give dates and places of residence in Macomb County: \_\_\_\_\_

\_\_\_\_\_

If you are a daughter of a present member or a former member, please answer the following:

a) Name of present or former member: \_\_\_\_\_

b) If such former member is deceased, did she pass away while still a member? \_\_\_\_\_

c) Are you blood related to any other member or former member? \_\_\_\_\_

If so, please give name or names of such member or former members and your relationship: \_\_\_\_\_

List and/all consecutive previous years you have applied: \_\_\_\_\_

I do hereby certify that the above answers were made by me and that they are true. Further, if membership is granted, I will regularly attend all the meetings of the Daughters of Macomb.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

We the undersigned members of the Daughters of Macomb certify that we believe the foregoing answers to be true and correct and we recommend that the foregoing applicant be accepted for membership in the DOM.

Sponsor: \_\_\_\_\_ Dated: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Dated: \_\_\_\_\_

- Applications are not carried over from year to year. You must apply each year and all signatures must be current and original.

- Only a member in good standing may sign as a sponsor for a perspective member. Each current member may only sign two applications per year.

**SEND APPLICATION**

by Email to : [Simpson.mjs46@gmail.com](mailto:Simpson.mjs46@gmail.com)

or MAIL to

Attn: Marilyn Simpson  
18422 Dennis  
Macomb Twp. MI 48044