



NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

APPLICATION FOR MEMBERSHIP

App Version: 2019 – Updated Fee Schedule: August 2019

APPLICATION FEES

New member Application:

Dues (refunded if not able to join):

\$42 joining through a Chapter

\$58 joining Member-at-Large

Application Fee: \$75 (not refunded)

Chapter Check amounts:

- *Pending Chapter Member* and not a C.A.R. member in good standing: \$117
- *Pending Chapter Member* and C.A.R. member in good standing: \$42

Personal Check amounts:

- *Prospective Organizing Member* and not a C.A.R. member in good standing: \$117
- *Prospective Organizing Member* and C.A.R. member in good standing: \$42
- *Member-at-Large* (not joining through a chapter): \$133
- *Member-at-Large* (not joining through a chapter) and C.A.R. member in good standing: \$58

Supplemental Application:

Personal or chapter Check: \$75 and is non-refundable

APPLICATION NOTES

Failure to follow these guidelines may result in the paper being returned to the chapter or applicant for revision.

Completing the form:

The correct format for entering dates is: dd mmm yyyy

Ex: 1 Jan 1900

NOT: 1/Jan/1900 or 01/01/1900

The correct format for entering places is: city or twp county state

Ex: Sullivan Sullivan Co IN

NOT: Sullivan Sullivan IN or

Sullivan (Sullivan) IN or

Sullivan/Sullivan/IN

Printing the form:

- The form must be printed on acid-free, 25% rag content, watermarked legal size paper.
- The form must be printed on legal sized paper in legal sized format. Please review your printer's settings before attempting to print.
- Make sure that all 4 pages print out in the correct format. You may wish to print on regular, legal size paper first before printing on the approved paper to make sure the settings are correct.

Special considerations for Mac users:

Many of the issues that have been reported by Mac users are known issues due to conflicts between Adobe and the Mac OS. There are workarounds for most of these.

If some characters fail to print, adjust Adobe to print the form "as an image." In Adobe, select File >> Print >> Advanced [tab at the bottom] >> Check "Print As Image"

Additional help:

Please consult the Members' Website and the following DAR publication for additional information:

Genealogy Guidelines

- [Genealogy Guidelines Part One - Guide for Chapter Registrars](#)
- [Genealogy Guidelines Part Two - Completing the Application and Proving Lineage](#)
- [Genealogy Guidelines Part Three - Service](#)

Current editions of the above publications may be downloaded for FREE from the Members' Website

APPLICATION FOR MEMBERSHIP TO THE NATIONAL SOCIETY
OF THE
DAUGHTERS OF THE AMERICAN REVOLUTION
WASHINGTON, DC

State _____
City _____
Chapter _____
National Number _____ Chapter Code _____

(First Name) (Middle and Maiden Name) (Last Name)
Single ☐ Wife ☐ Widow ☐ Divorced ☐ _____
(Spouse)

Residence _____
(Number) (Street) (City) (State) (Zip Code + 4)

Registrar’s E-mail address _____ Phone (_____) _____

Applicant’s E-mail address _____ Phone (_____) _____

Name as you wish it to appear on DAR Certificate _____

Revolutionary Ancestor _____

ELIGIBILITY CLAUSE

“Any woman is eligible for membership in the National Society of the Daughters of the American Revolution who is not less than eighteen years of age, and who is a direct biological descendant, descended from a man or woman who, with unfailing loyalty to the cause of American Independence, served as a sailor, or as a soldier or civil officer in one of the several Colonies or States, or in the United Colonies or States, or as a recognized patriot, or rendered material aid thereto; provided the applicant is personally acceptable to the Society.” (*Bylaws*, Article III, Section 1.)
Applicant must provide documentation proving lineal descent for each statement of birth, marriage and death. This shall include a birth certificate naming her parents. Data submitted as proof is subject to DAR standards and interpretation. This applies to “new ancestors” and previously accepted lineage for which documentation was not required at the time of acceptance.

Applicant further says that the said _____ (*name of ancestor*) is her ancestor and that the statements set forth are true to the best of her knowledge and belief.
The applicant also pledges allegiance to the United States of America and agrees to support its Constitution. This applies to applicants for membership within the United States of America and its territories.

Signature of Applicant _____

The following chapter officer attests the signature of the applicant in lieu of a notary.

_____, 20_____
(Name) (Chapter Office)

Notarization of applicant’s signature, if necessary, may be provided below.

Subscribed and sworn to before me at _____
(City) (State)
this _____ *day of* _____ *A.D.* _____
Signature of Notary _____
My Commission Expires _____

As chapter officers, the undersigned have examined the completed application of the above applicant.

FOR OFFICE USE ONLY:

Application and Fees received _____

Chapter Regent _____
Chapter Registrar _____

Endorsement for membership at large by the *State Regent* _____
Endorsement of member for member by _____ National Number _____

Recommended by the two undersigned members of the National Society, in good standing, to whom the applicant is personally known. Endorsers must be of same chapter; if joining At Large, of the same State.

ENDORSED IN HANDWRITING BY

DAR National Number _____ DAR National Number _____
Name _____ Name _____
Residence _____ Residence _____
Chapter _____ Chapter _____

When filled out and properly endorsed, the application should be sent to Data Entry, NSDAR, 1776 D Street NW, Washington, DC 20006–5303, with the necessary fee and dues. When the new member application is approved by the National Board on the 5th of each month, a copy of the verified application will be available on e-Membership for the Chapter Registrar to download; *if joining At Large*, a copy of the verified application is mailed to the new member. Once a supplemental application is verified and the add volume is filled, the verified supplemental will be available on e-Membership for the Chapter Registrar to download. The application, information thereon, and supplemental data become the property of the National Society.

LINEAGE

1. (applicant's name) _____ declare

I was born on _____
married on _____
to _____
at _____

(2) married on _____
to _____
at _____

(3) married on _____
to _____
at _____

at _____
born on _____
died or divorced _____

at _____
born on _____
died or divorced _____

at _____
born on _____
died or divorced _____

I am the biological daughter of

2. _____
died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

3. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

4. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

5. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

6. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

7. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

8. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

9. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

10. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

11. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

12. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

13. The said _____

died at _____

born _____
on _____
born _____
on _____

at _____
and his () wife
at _____
Married – Date _____
at _____

REFERENCES FOR LINEAGE

Give below the citations of sources for proof of EACH statement of birth, marriage, and death dates and places; and the connection from the applicant/member through the generation of the Revolutionary Ancestor. Vital records should be cited as BC, MC, DC, etc. Published authorities should be cited by title, author, date of publication, volume and page. Vital records and other sources found on the internet must have a complete citation, such as IN, Marriage Recs, Shelby, 1909–1911 Vol 20, Ancestry; Death Register, Clarke Co, 1853–1896 FHL #2056978; TS Photo, Findagrave, Mem #12345678. Cite the National Number and the Ancestor Name and Number of the most recent verified paper for each proven generation of this lineage.

1st Gen.

2nd Gen.

3rd Gen.

4th Gen.

5th Gen.

6th Gen.

7th Gen.

8th Gen.

9th Gen.

10th Gen.

11th Gen.

12th Gen.

13th Gen.

ANCESTOR’S SERVICE

The said _____ who resided during the American Revolution at _____

assisted in establishing American Independence while acting in the capacity of _____ for the state/country of _____ Ancestor Number _____

A description of my ancestor’s services during the Revolutionary War were as follows: *(THIS FIELD CANNOT BE LEFT BLANK)*

Give source citation(s) of acceptable proof for Military, Civil or Patriotic Service. When proving new service, or updating current service, a copy of the proof **must** be submitted. *(THIS FIELD CANNOT BE LEFT BLANK)*

Application Verified _____ Accepted by the National Board _____

Registrar General _____

Recording Secretary General _____

The names of spouses and children listed below do not constitute proof of lineal descent from the Revolutionary patriot except for the spouse and child listed in the lineage on page two of this application.

My Revolutionary ancestor was married *(This section is OPTIONAL)*

- (1) to _____ at _____ on _____
- (2) to _____ at _____ on _____
- (3) to _____ at _____ on _____
- (4) to _____ at _____ on _____

CHILDREN OF REVOLUTIONARY ANCESTOR *(This section is OPTIONAL)*

As proven by:

NAMES	DATES OF BIRTH — PLACE	TO WHOM MARRIED, NOTE IF MORE THAN ONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____