

Daughters of Penelope

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DUAL CHAPTER MEMBERSHIP – 2nd RESIDENCY FORM (Send this Form to Headquarters)

Name: _____ ID# _____

Primary Address: _____

City: _____ State : _____ Zip Code: _____

Phone: _____ E-Mail: _____

Fax: _____ Dues Paid for Year: _____

Primary Chapter #: _____ City: _____ State: _____

Residency Dates – From: _____ to: _____

SECONDARY RESIDENCE

Address: _____

City: _____ State : _____ Zip Code: _____

Chapter #: _____ City: _____ State: _____

Residency Dates – From: _____ to: _____

I understand that I may belong to no more than two chapters. I must pay full dues to the **primary** chapter, and only chapter dues to the secondary chapter. I can only represent my primary chapter at a District or National Convention and I must meet all delegate requirements. I shall be eligible to serve in any elected position only in my **primary** chapter. (Constitution- Article V; Section 1; c)

Member Signature: _____

Chapter President Date Chapter Secretary Date

Headquarters use only:

Application Received: _____ Date Processed: _____