



# The Continental Society Daughters of Indian Wars

## MEMBERSHIP CHANGE FORM

(This form is read/writeable)

**CORRESPONDING SEC. GENERAL / CHAPLAIN GENERAL**

**Check all applicable:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Address Change       | <input type="checkbox"/> Death                        | <input type="checkbox"/> Resignation Date _____ |
| <input type="checkbox"/> Email/Phone Change   | <input type="checkbox"/> Transfer                     | <input type="checkbox"/> Dropped Date _____     |
| <input type="checkbox"/> Marriage/Name Change | <input type="checkbox"/> Reinstatement (requires fee) |   |
| <input type="checkbox"/> Divorce              | <input type="checkbox"/> Other _____                  |   |

**Member Name:** \_\_\_\_\_ **Continental Number:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_ **Chapter Name:** \_\_\_\_\_

**Address Change**

Old Address:		Old City, State, Zip+4:	
New Address:		New City, State, Zip+4:	

**Email / Phone Change/Name Change:**

Old Email:		New Email:	
Old Phone #:		New Phone #:	
Former Name:		New Name:	

**Marriage/Divorce:**

Maiden Name:		Date of Marriage/Divorce:	
Name of Husband:		Name Preference for Mailings	

**Death:**

Next of Kin:		Date of Death:	
Address of Kin:		Kin City, State Zip+4:	
Continental Offices Held by Deceased:			

**Transfer:**

*FROM STATE/PROVINCE/CHAPTER:* \_\_\_\_\_ *TO STATE/PROVINCE/CHAPTER:* \_\_\_\_\_

Current State/Province:		New State/Province:	
Current Chapter:		New Chapter:	
Former Name:		New Name:	

CURRENT State/Provincial Governor Signature \_\_\_\_\_

RECEIVING State/Provincial Governor Signature \_\_\_\_\_

**DISTRIBUTION: Send this form to ALL of the following officers:**

**1.) Governor General 2.) Corresponding Secretary General 3.) Treasurer General 4.) Yearbook Chairman**

**Email or Mail this form to:**

Mary Armstrong, Corresponding Sec. General  
1165 Village Creek Lane Apt 2  
Mt. Pleasant, SC 29464-6165 803-459-4222

[marmst2673@aol.com](mailto:marmst2673@aol.com)

**DEATHS ONLY ALSO SEND Email or Mail to:**

Lora McDaniel Chaplain General  
PO Box 306  
Kentwood, LA 70444-0306 985-514-0498

[rebel30@bellsouth.net](mailto:rebel30@bellsouth.net)

**NAME OF INDIVIDUAL REPORTING** \_\_\_\_\_ **Date** \_\_\_\_\_