National Society Daughters of Colonial Wars Change in Membership Status

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Please check (X) all relevant category(s): Mail or Email Form to Chairman

Address Change Name Change Death Telephone / Email Change Resignation Dropped Transfer Reinstatement DATE. NAME. STATE & OFFICE OF OFFICER MAKING THIS REPORT: State Office held MEMBER BEING REPORTED ON: Name of Member _____ Member State State Number National Number Current (or old) Address Fill in the appropriate information below, depending on which type of change is being reported: ADDRESS CHANGE: New Address NAME CHANGE: New Name Date of Marriage Name of Husband Obituary Included Yes DEATH: No Death Date and Place Interment Date and Place Next of Kin / Contact Info DCW Offices Held & Dates: PHONE / EMAIL CHANGE _____ New Email _____ Old Email New Telephone Old Telephone TRANSFER FROM: TRANSFER TO: _____ RESIGNATION DROPPED MEMBER AT LARGE OF REINSTATEMENT Date