

Original Membership Number

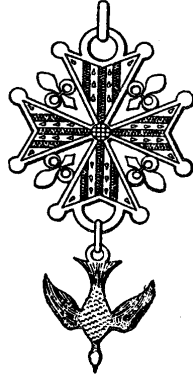
_____ -- _____

State: _____

Dual Membership Number

_____ -- _____

State: _____



The National Huguenot Society

APPLICATION FOR DUAL MEMBERSHIP

I, _____ hereby apply for dual membership

in the Huguenot Society of _____ by the right of descent from

_____ who was a Huguenot

and came from _____

in or about (date): _____

and settled in _____

Signature of Applicant: _____
(Do not use initials. Write name in full.)

Address: _____

City: _____ State: _____ Nine digit Zip: _____

Telephone: _____ E-Mail: _____

Date Original Application was approved: _____

Name of State Registrar Approving Original Application:

Name of Registrar General Approving Original Application:

Dual Membership in the National Huguenot Society

Dual members: A person already a member in good standing of one Member Society may join one or more other member Societies, subject to that person's acceptance by the receiving society. (Article III Section C Paragraph 3 of *The National Huguenot Society Bylaws* 2010 revision)

Section 1: To be completed by the applicant requesting dual membership

I, _____, National
No. _____ - _____, of the _____ Society, NHS,
(State No.) - (Member No.) (State)

request dual Membership in the _____ Society, NHS.
(State)

My current address is: _____

City: _____ State: _____ Zip: _____

My primary membership is to be with the _____ Society.

(Date) (Signature of Applicant)

Section 2: To be completed by the Treasurer of the state society to which member currently belongs

_____ is a member in good standing in the
(Applicant Name)

_____ of the Huguenot Society of _____.
(Chapter/Society Name) (State)

(Date) (Signature of State Treasurer)

Section 3: To be completed by the State Registrar of the receiving society

_____ is hereby accepted as a dual member in
(Applicant Name)

the Huguenot Society of _____ . The newly assigned
(State)

number for the State of _____ is _____ - _____.
(State No.) - (Member No.)

(Date) (Signature of State Registrar)

* * * * *

***Please make certain each state registrar and NHS have a copy of your approved dual membership application, as well as, a copy of your original approved application.**

