



National Society Daughters of CSA Officers Corps

Membership Application

Name (complete including maiden name) _____

Mailing Address: _____

City _____ State _____ Zip _____

Home phone: _____ Cell: _____

Email: _____

Your date of birth (mmm/dd/yyyy) ____/____/____. If the above email is used by a member of the MOS&B, **please check this box** We strongly urge every member to have their own email address so they will receive our communications.

LEGACY membership. Check one: I am the mother daughter sister of Member # ____ (insert her name here) _____

Ancestor Information

Last Name _____ First _____ Middle _____

ORank _____ Office Held (Civilian) _____

Military CSA Navy Surgeon Chaplain Civilian _____

State _____ Company _____ Reg't _____ Unit _____

Enlistment date (mmm/dd/yyyy) _____ Location _____

Final date (mmm/dd/yyyy) _____ Location _____

Died of illness KIA POW Paroled Resigned / Retired Civil Service (elected, appointed, secession delegate, etc) – Please describe service, location, dates, and any pertinent details on separate sheet. **Proofs must be provided for all lineage and service.**

Please contact jshinn1515@gmail.com for special issues or assistance.

I declare upon my honor and upon that of my Confederate relation that all information provided by me for membership, is true and correct to the best of my knowledge and belief. If admitted to NSDCSAOC membership, I promise to support the Constitution of the United States of America, the Bylaws and all governing documents of the NSDCSAOC, and shall faithfully discharge any duties to which I may be called upon to perform as a member or officer.

PLEASE CHECK the Appropriate Box

I AUTHORIZE / **I DO NOT AUTHORIZE** the reproduction of my application and supporting materials to assist other applicants or genealogical researchers.

PLEASE INCLUDE YOUR \$100 CHECK PAYABLE TO: NSDCSAOC, this signed form, lineage tree charts, and proofs. MAIL TO: JANICE SHINN, 24260 TROLLEY LANE, ST. ROBERTS, MO 65584.

Signature of Applicant _____ Date _____

Signature of Registrar _____ Date _____