



DANISH SISTERHOOD *of* AMERICA

Connect with Your Danish Heritage

Membership Application

Lodge # _____ Lodge Location: _____ Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail Address: _____

Date of Birth: _____ Age (at time of initiation): _____ Place of Birth: _____

Please check the type of membership desired.

Amber Membership (includes DSS Newsletter for paying memberships)

- Regular**
 - For ages 14–64 \$45.00
 - For ages 14–64 if joining after July 1 \$22.50
- Senior**
 - Discounted membership for ages 65 and over \$40.50
 - Discounted senior membership if joining after July 1 \$20.25
- Youth** for ages newborn to 13 (parent or guardian must be a member) FREE

Dual Membership

- Membership of Lodge # _____ \$5.00
Primary member of Lodge # _____ (must be a primary member of another lodge)

Local Lodge Dues

Most lodges charge dues to pay for expenses within the lodge. They are not part of the Membership Fee paid with this application to the National Treasurer.

Applicant's Signature: _____ Sponsor's Signature: _____

Date of Initiation/Application: _____ Lodge Secretary's Signature: _____

NOTICE to Lodge Secretary: When applicant has been initiated, please complete and send to the National Treasurer within ten (10) days.

Submit completed application or questions to:

Linda Brooks, National Treasurer
8402 Winter Berry Dr., Castle Rock, CO 80108
(303 905-9934 | treasurer@danishsisterhood.com)

FOR NATIONAL OFFICERS TO COMPLETE

National Treasurer's Signature: _____ Member: # _____

National Secretary's Signature: _____