



National Society
Daughters of CSA Officers Corps
Associate Membership Application

Name (complete including maiden name) _____

Mailing Address: _____

City _____ State _____ Zip _____

Home phone: _____ Cell: _____

Email: _____ If this email address also is used by a member of the MOS&B, please CHECK THIS BOX ☐. **We strongly urge every member to have your own email address so you can receive our communications.**

Date of Birth (dd/mmm/yyyy) ____/____/____

☐ My Husband ☐ Son _____ is a MOS&B member

_____, State Society _____.

Associate (non-voting) Membership is offered to women who have not been able to identify an ancestor who served as an officer in service to the Confederate States of America, or as an elected or appointed member of the CSA national or local civilian governments. Associate members also may be UDC members with non-officer ancestors. The application fee is not the per capita annual dues. **If you find a qualifying ancestor for full membership within a year, you will have to complete the full application form and pay any additional fees required to upgrade your status. Associate members may wear official Associate Member Insignia, Granddaughter pins, and P.O.W. Recognition pins. Our official vendor is City Pride Ltd. -- found at <https://cityprideltd.com>**

In applying for NSDCSAOC Associate membership, I declare my desire to support the preservation of the true history of the Confederate soldier. I declare upon my honor 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 Constitution - Bylaws and all governing documents of the NSDCSAOC and shall faithfully discharge any duties to which I may be called upon to perform as an associate member.

Please send this signed form and a Personal Biography Sheet with a check payable to NSDCSAOC in the amount of \$80.00. (\$50.00 application fee +\$30.00 annual per capita dues).

Mail to: Janice Shinn, 24260 Trolley Lane, St. Robert, MO 25584.

Signature of Applicant _____ Date _____

Signature of Registrar _____ Date _____