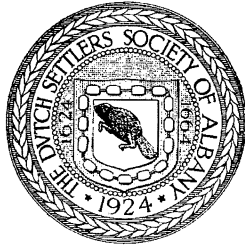


The Dutch Settlers Society of Albany

ALBANY, NY



Application for Associate Membership

Name of applicant _____

Residence _____

Reason for requesting membership _____

Accepted by the Executive Committee _____, 20__

(Signature) _____ President

_____ Secretary

_____ Registrar

Nominated and recommended by _____

Address _____

Address _____

Qualified _____, 20__

Certificate issued _____, 20__