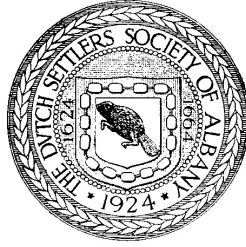


# The Dutch Settlers Society of Albany

ALBANY, NY



## Application for Membership

Name of applicant \_\_\_\_\_

Residence \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

My ancestor \_\_\_\_\_ settled in

(place) \_\_\_\_\_ in the year \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Accepted by the Executive Committee \_\_\_\_\_, 20 \_\_\_\_

(Signature) \_\_\_\_\_ President

\_\_\_\_\_ Secretary

\_\_\_\_\_ Registrar

Nominated and recommended by (1) \_\_\_\_\_

Address \_\_\_\_\_

(2) \_\_\_\_\_

Address \_\_\_\_\_

Qualified \_\_\_\_\_, 20 \_\_\_\_

Certificate issued \_\_\_\_\_, 20 \_\_\_\_

LINEAGE OF APPLICANT	BORN	DIED	MARRIED
Name of applicant			
1. _____			
m. _____			
2. _____			
m. _____			
3. _____			
m. _____			
4. _____			
m. _____			
5. _____			
m. _____			
6. _____			
m. _____			
7. _____			
m. _____			
8. _____			
m. _____			
9. _____			
m. _____			
10. _____			
m. _____			
11. _____			
m. _____			

LINEAGE OF APPLICANT	BORN	DIED	MARRIED
Name of applicant			
12. _____			
m. _____			
13. _____			
m. _____			
14. _____			
m. _____			
15. _____			
m. _____			

(Signature of the Applicant) \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

CITY OF \_\_\_\_\_

Subscribed and sworn to me at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
(Seal)

THESE SPACES FOR EXACT VOLUME AND PAGE OF REFERENCE AUTHORITIES

Generation:

1

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2

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3

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4

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5

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6

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7

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8

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9

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10

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11

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12

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Authorities named above should include the volume and page of each document quoted for birth, death, and marriage references. Family Bible and tombstone references should be accompanied by a photostat or by an attested or certified copy, in duplicate if at all possible. Additional facts about an ancestor or applicant's life are solicited – especially military, naval or civic services and education; spouse's ancestry; children's names; family history or any facts that could be of interest to the Society or to posterity. Please write these facts plainly on 8 1/2" x 11" paper and attach securely to this form.