



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 FREE
(parent or grandparent must be a member)

Dual Membership

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

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.

Questions?

Karin Wasler, Membership Chairman
trustee3@danishsisterhood.com (310) 903-8837

FOR NATIONAL OFFICERS TO COMPLETE

National Treasurer's Signature: _____ Member: # _____

National Secretary's Signature: _____