

# ARIZONA SOCIETY – COLONIAL DAMES XVII CENTURY MEMBERSHIP CHANGE FORM

Please check applicable category box(es):

Address Change

Marriage/Name Change: \_\_\_\_\_

Reinstatement\* (Requires fee –  
Contact Chapter Treasurer)

Phone/Email Change

Death Date: \_\_\_\_\_

Resignation Date: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

Divorce: \_\_\_\_\_

Age 95+ 15 yr. member (No dues  
Required) Join Date: \_\_\_\_\_

Dropped Date: \_\_\_\_\_

New Member/Join Date: \_\_\_\_\_

Members DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (will not be  
mm dd yyyy published)

*New Members Only*

*Name of Ancestor:* \_\_\_\_\_ *Colony arrived in:* \_\_\_\_\_ *Year of arrival:* \_\_\_\_\_

Chapter: \_\_\_\_\_ Chapter # \_\_\_\_\_ Members State # \_\_\_\_\_ Members National # \_\_\_\_\_

Name of Member: \_\_\_\_\_

New Address: \_\_\_\_\_

Old Email: \_\_\_\_\_ New Email: \_\_\_\_\_

Old Phone # \_\_\_\_\_ New Phone # \_\_\_\_\_

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_

MARRIAGE - *please complete the following:*

Maiden Name: \_\_\_\_\_

Name of Husband: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

DEATH - *please complete the following (forward copy to the State Registrar & State Chaplain immediately)*

Next of Kin: \_\_\_\_\_ Obituary available: Yes No Scanned copy attached: Yes No

Address of Next of Kin: \_\_\_\_\_

Notes: \_\_\_\_\_

TRANSFER-*please complete the following:*

Give STATE and CHAPTER that member is transferring from: \_\_\_\_\_

Give STATE and CHAPTER that member is transferring to: \_\_\_\_\_

Name of State President of state that member is transferring from: \_\_\_\_\_

Name of State President of state that member is transferring to: \_\_\_\_\_

TRANSFER (IN STATE ONLY) *please completes the following:*

From Chapter Receiving Chapter  
Chapter Name & Number: \_\_\_\_\_ Chapter Name & Number: \_\_\_\_\_

**Members MUST change their personal information at the National website [www.colonialdames17c.org](http://www.colonialdames17c.org).**

***In order to change or add member information in the Arizona Society Database and Yearbook, you MUST complete this form. Email completed form to the current ASCDXVIIC State Registrar.***

Name of person submitting form: \_\_\_\_\_

Office: \_\_\_\_\_ Date: \_\_\_\_\_