

# Daughters of Penelope

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## DUAL CHAPTER MEMBERSHIP – 2<sup>nd</sup> RESIDENCY FORM

(Send this Form to Headquarters)

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Dues Paid for Year: \_\_\_\_\_

Primary Chapter #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Residency Dates – From: \_\_\_\_\_ to: \_\_\_\_\_

## SECONDARY RESIDENCE

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

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Chapter #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Residency Dates – From: \_\_\_\_\_ to: \_\_\_\_\_

I understand that I may belong to no more than two chapters. I must pay full dues to the **primary** chapter, and only chapter dues to the secondary chapter. I can only represent my primary chapter at a District or National Convention and I must meet all delegate requirements. I shall be eligible to serve in any elected position only in my **primary** chapter. (Constitution- Article V; Section 1; c)

Member Signature: \_\_\_\_\_

\_\_\_\_\_  
Chapter President Date Chapter Secretary Date

Headquarters use only:

Application Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_