

National Society Descendants of American Railroad Workers

Membership Application

Applicant Information							
Full Name:	Last	First	Middle		Date:		
Name EXAC	CTLY as you want it on the	e certificate:					
Address:	Street Address				Apartment/Unit #		
	City			State	ZIP Code + 4		
Phone:			Email:				
Cell Phone:							
Ancestor Na	ime:						
Application	Type (check all that apply): Initial:	Supplemental:	Lineal Ancestor:	Collateral Ancestor:		
			Lineage				
Applicant Gen. 1 born at on married at on			Sources:				
to born at on died at							
on							
Gen. 2 born at on died at on married at on to born at on died at	ts of the Applicant were:		Sources:				
on			1				

The Parents		
of	were:	Sources:
Gen. 3		
born at		
on		
died at		
on		
married at		
on		
to		
born at		
on		
died at		
on		
The Parents		2
of	were:	Sources:
Gen. 4		
born at		
on		
died at		
on		
married at		
on		
to		
born at		
on		
died at		
on		
The Parents		
of	were:	Sources:
Gen. 5		
born at		
on		
died at		
on		
married at		
on		
to		
born at		
on		
died at		
on		

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C	Collateral Ancestor Informa	tion (not needed f	br lineal application):		
I claim kinship to the	e following railroad worker:	Sources:			
Name					
born at					
on					
married at					
on					
to					
born at					
on					
died at					
on					
Who is the: Son	Daughter				
of Generation	above.				
Proof:					
		Service			
Ancestor		Ctat			
Name:		State Date			
Service:		Serv			
Proof of Service:					
		Signature			
I certify that my answers are true and complete to the best of my knowledge. I will uphold and support the objectives for which the National Society Descendants of American Railroad Workers was founded.					
Signature:			Date:		

Approval

I certify that I have reviewed and approved this application to the National Society Descendants of American Railroad Workers, with the approved admission date and national member number.

Date of Admission:

National Number:

National Registrar: