

## National Society Descendants of American Railroad Workers

## **Membership Application**

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

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

died at on

Collateral Ancestor Information (no	t needed for lineal application):				
I claim kinship to the following railroad worker: Source	2 2 2				
Name					
born at					
on					
died at					
on					
married at					
on					
to					
born at					
on					
died at					
on					
Who is the:					
of Generation above.					
Proof:					
Service					
Ancestor Name:	State:				
Service &	Dates of				
Employer:	Service:				
Proof of Service:					
Signat	ure				
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:				
Approv	/al				
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:					