

Further Applicant Information

Birthdate _____ Place of Birth _____

Occupation _____

Special Interests / Hobbies: _____

Signature of applicant _____ date

* * * * *

For official lodge use only

Date Joined _____

Application Fees of \$ _____ received.

Financial Secretary (local lodge) _____ date

President (local lodge) _____ date

*Recorded at the office of the
Grand Lodge Financial Secretary*

Seal of the G.L. _____
date

Grand Lodge Financial Secretary



APPLICATION FOR
STANDARD MEMBERSHIP
in
_____ LODGE, # _____
DAUGHTERS OF NORWAY

**GRAND LODGE
DAUGHTERS OF NORWAY**



Name of Applicant (PLEASE PRINT)

Recommended by

Lodge Member

Lodge Member

Constitution of the Daughters of Norway

Article I

1. The legal name of this Order shall be Daughters of Norway, as stated in its Articles of Incorporation, filed with the State of Washington. It shall be defined as a Grand Lodge consisting of all members of its subordinate lodges. Daughters of Norway shall be a nonprofit entity under the auspices of IRS law as a 501(c)(8) corporation.

2. The object of this Order shall be:

- a) to unite into a sisterhood women who wish to preserve Norwegian heritage;
- b) to maintain among members a knowledge of the history, culture, and language of Norway; and
- c) to build a strong support system and bond of friendship within the sisterhood.

3. Eligibility / Membership Categories

- a) Standard Membership: **To be eligible for Standard Membership in a subordinate lodge of the Daughters of Norway, a woman shall 1) She must be at least thirteen years of age. 2) Be of Norwegian, Danish, Finnish, Icelandic, or Swedish birth or descent; or 3) Have, or had, a spouse of Norwegian, Danish, Finnish, Icelandic, or Swedish birth or descent; or 4) have a "slektning" (relative) married to a person of Norwegian birth or descent.** b) Associate Membership: Any eligible woman (see Standard Membership) for whom there is no convenient subordinate lodge may apply for Associate Membership. Yearly dues, covering newspaper subscription, organizational fund assessment, and administrative costs, are payable to the Grand Lodge Financial Secretary.

An Associate Member shall submit the obligation of our Order in writing.

An Associate Member may not vote or hold office, but is invited and encouraged to attend any Daughters of Norway meetings, including convention meetings.

Applicant Information

(PLEASE PRINT - USE BLACK OR BLUE INK.)

Name _____

(Spouse's name _____)

Address _____

Phone (_____) _____

E-mail _____

Eligibility - Please complete only #1, #2, OR #3.

1. I am of Nordic birth or descent. Please give the name, relationship, and place of birth of your closest ancestor from Norway, Denmark, Finland, Iceland, or Sweden:

Name and relationship:

Place of birth / ancestry:

2. I am now, or I was, married to a man of Norwegian, Danish, Finnish, Icelandic, or Swedish birth or descent.

His name: _____

His country of ancestry: _____

3. I have a "slektning" (relative) who is married to someone of Norwegian birth or descent.

Name of "slektning" (and relationship to you):

Name of that person's Norwegian spouse:
