

SOCIETY OF COLONIAL WARS
IN THE STATE OF CONNECTICUT
OFFICE OF THE SECRETARY

PRELIMINARY APPLICATION

Full name of Candidate

Occupation

Business Address

Telephone

Residence Address
(Check preferred mailing address)

Telephone Fax Email

Name of ancestor on whose
Service eligibility is claimed

Services of such ancestor

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Proposer

Secunder

Note: Upon completion and approval by the Membership Committee, this form
should be returned to the Secretary who will extend an invitation and issue
the formal application to the candidate.

The above application is hereby approved.

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GENEALOGIST

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FOR THE MEMBERSHIP COMMITTEE

Date