



ALAMO DEFENDERS DESCENDANTS ASSOCIATION

APPLICATION OF MEMBERSHIP

of

Name

Full Name

Residence

Number and Street

City

State

Zip Code

Telephone Number

Home Number

Work Number

I hereby apply for membership in this association by the right as a

lineal \ lateral descendant of _____

who was a defender, non combatant or courier during the Alamo Battle.

Report of Membership Committee

Examined

20

Approved

20

Registrar

President

LINEAGE

Write given names in full. Give date and place of births, deaths, and marriages.

I was born _____ at _____
Date City County State

Please give all dates by numerals, month first, and given names in full.

1. I am the son/ daughter of (Father) _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

2. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

3. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

4. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

5. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

6. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

7. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

8. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

9. The said _____ was the child of _____
born on _____ at _____ died at _____ on _____
and his wife _____ born on _____ at _____
died at _____ on _____ married on _____

I do or do not give consent for the Registrar to furnish by correspondence information contained in this application to persons seeking membership on the same line.

