



ALAMO DEFENDERS DESCENDENTS ASSOCIATION

**APPLICATION OF MEMBERSHIP
Of**

Name.....
Full Name

Residence.....
Number 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 onat.....died at.....
on.....and his wife.....
born on.....at.....died at.....
onmarried on.....

2. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

3. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

4. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

5. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

6. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

7. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

8. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....married on.....

9. The saidwas the child of
.....born onat.....
died aton.....and his wife
.....born onat.....
died aton.....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.

