

# Application for Province VII Dues Assistance



Date: \_\_\_\_\_ Member # (if known): \_\_\_\_\_

Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Parish/City: \_\_\_\_\_

Chapter: \_\_\_\_\_ Charter #: \_\_\_\_\_

Province: \_\_\_\_\_ Diocesan Assembly: \_\_\_\_\_

I am a Daughter at Large: Yes \_\_\_\_\_ No \_\_\_\_\_

I have previously requested Dues Assistance from my? (*Check all that apply.*)

- Chapter
- Diocesan Assembly
- Province

I have previously received Province Dues Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what year(s): \_\_\_\_\_

Please briefly explain the circumstances that necessitate this request: \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Submit completed form to The Order of the Daughters of the King® Province VII via mail or email:  
3803 No. Hills Blvd, North Little Rock, AR 72116 or provvitreasurer@gmail.com