

DUVAL FAMILY ASSOCIATION, INC.

Membership Application

I _____ hereby apply for membership in the
DuVal Family Association, Inc. by right of lineal descent from **Daniel DuVal**.

Address _____

City, State, Zip Code _____

Phone _____ E-mail _____

Applicant's Birth (date, place) _____

My spouse _____

Born in _____

County of _____ State of _____ on _____

Married (date, place) _____

My child/children:

Child's name _____

Born in _____ date of birth _____

Child's name _____

Born in _____ date of birth _____

Child's name _____

Born in _____ date of birth _____

I _____ am the son/daughter of:

1. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

3. _____ born in _____
on _____ died in _____ on _____
and _____ his/her spouse, born in _____
on _____ died in _____ on _____
Married in _____ on _____
The said _____ the son/daughter of:

4. _____ born in _____
on _____ died in _____ on _____
and _____ his/her spouse, born in _____
on _____ died in _____ on _____
Married in _____ on _____
The said _____ the son/daughter of:

5. _____ born in _____
on _____ died in _____ on _____
and _____ his/her spouse, born in _____
on _____ died in _____ on _____
Married in _____ on _____
The said _____ the son/daughter of:

6. _____ born in _____
on _____ died in _____ on _____
and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

7. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

8. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

9. _____ born in _____

on _____ died in _____ on _____

and _____ his/her spouse, born in _____

on _____ died in _____ on _____

Married in _____ on _____

The said _____ the son/daughter of:

10. _____ born in _____
on _____ died in _____ on _____
and _____ his/her spouse, born in _____
on _____ died in _____ on _____

I hereby attest that I am the natural child of the couple listed in Generation 1

Name: _____

Signature _____

Return to: Joel Hays, 114 Oak Wood Drive, Raymond, MS 39154

Please include \$10 as a one-time processing fee and \$10 for your first year's dues for a total of \$20.

Please circle which type of membership you are signing up for.

TYPES OF MEMBERSHIPS

Active (descendant) \$10 per year.

Associate (spouse of descendant) \$10 per year

Family (descendant, spouse and any unmarried children 18 and under) \$25 per year