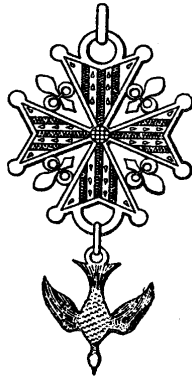


Original Membership Number _____

New Membership Number _____



The National Huguenot Society

APPLICATION FOR REINSTATEMENT

A COPY OF MEMBER'S APPLICATION MUST ACCOMPANY THIS FORM

I, _____, a former member of The Huguenot Society of _____, do hereby apply for reinstatement in The National Huguenot Society and The Huguenot Society of _____.

(State)

(State)

My membership was terminated on _____.

(Date)

Applicant Signature: _____ Date _____

(Do not use initials -- write out each name in full)

Address: _____

City: _____ State: _____ Nine digit Zip _____

Telephone: (_____) _____ E-Mail: _____

To Be Completed by Registrar of Receiving State Society and by the Registrar General of *The National Huguenot Society*

_____ is hereby accepted as a member of The Huguenot Society of _____.

(Receiving State)

State Registrar of receiving chapter _____ Date _____

(Signature)

Fee received and reinstatement approved by National Registrar General on _____.

(Date)

Registrar General _____

(Signature)