

POINDEXTER DESCENDANTS ASSOCIATION, INC.

MEMBERSHIP APPLICATION

Membership dues are: 1 year - \$20.00 3 years - \$50.00 5 years - \$70.00

Check Enclosed

Paid via PayPal at www.poindexterfamily.org/membership/

The membership of the Association shall be open to and consist of those persons who believe they bear by birthright, descent, or marriage the surname of Poindexter (Poingdestre) or the surnames of one of the septs historically connected with the Family Poingdestre, or who through their conduct have provided outstanding service to the Association. A membership includes husband, wife and children (under 18) in one household.

Date: _____

Are you applying as a **New Member** or **Renewal** PDA # _____ (If renewal)

Ms. Mrs.

Miss Mr.

(circle one)

(Print) Last Name

First Name

Middle Name

Title

Address _____

City

State/Province

Country

ZIP/Postal Code

Spouse: _____

(If wife, full maiden name for genealogical purposes)

Phone _____

Cell _____

Email _____

1. First time applicants - please fill out a lineage chart (pages 2 and 3) and family group sheet, (pages 4 and 5) of this application form.
2. Make check payable to: "Treasurer, PDA" and mail with this application to Membership Secretary:

Kay Poindexter

620 Fig Ave

Chula Vista, CA 91910-5423

Phone (619) 422-5751

Email: kay-poindexter@cox.net

Acceptance as a member will be determined by the Membership Secretary of the Association. All who pay annual dues will receive the Poindexter Newsletter and may attend national reunions of the Association. Dues are payable by August 1st of each year. First time applicants must include the lineage chart and family group sheet that follows on the next four pages. Lineages are published in the Newsletter for new members, in the PDA Membership Directory and added to our genealogical database.

Renewing members may submit new lineage charts or family group sheet if you have updated information.

Official Use: Appl#: _____ PDA# _____ Notes:

Exp. Date: _____ Date Received: _____

Membership Secretary: _____

Membership Application – Lineage Form (First time applicants only)

Lineage Sheet Of _____ Maiden Name: _____ [PDA# _____]
First Name Surname

Date _____ Address _____

Instructions: Line 1 is you, the descendant completing this form. The first line next to each number after 1, whether male or female, is the name of Poindexter descendants, your descendant parent, grandparent, and so on. Use maiden names-only for all females.

Names and Marriage Dates	Date (date month year)	Place
1. You: _____	born _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	_____
2. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	_____
3. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	_____
4. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	_____
5. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	_____
6. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	_____

Membership Application – Lineage Form (First time applicants only)

Lineage Sheet Of _____ Maiden Name: _____ [PDA# _____]

First Name Surname

Date _____ Address _____

Instructions: Line 1 is you, the descendant completing this form. The first line next to each number after 1, whether male or female, is the name of Poindexter descendants, your descendant parent, grandparent, and so on. Use maiden names-only for all females.

Names and Marriage Dates	Date (date month year)	Place
7. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	
8. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	
9. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	
10. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	
11. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	
12. Descendant: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
	died _____	_____
Date Married _____	Place _____	



FAMILY INFORMATION FORM

List your children on this form

Compiled by _____

Date _____

DATE (day-mo-yr)

LOCATION (city, county, state)

Father's name:

Birth		
Marriage		
Death		
Burial		

His father's full name

His mother's maiden name

Other wives' names

Mother's name

Birth		
Death		
Burial		

Her father's full name

Her mother's maiden name

Other husbands' names

CHILDREN'S NAMES	DATE (day-mo-yr)	LOCATION (city / township, county, state)
#1	B	
	M	
	D	
	Spouse	
#2	B	
	M	
	D	
	Spouse	
#3	B	
	M	
	D	
	Spouse	
#4	B	
	M	
	D	
	Spouse	
#5	B	
	M	
	D	
	Spouse	
#6	B	
	M	
	D	
	Spouse	

Family Information Form, continued

CHILDREN'S NAMES	DATE (day-mo-yr)	LOCATION (city / township, county, state)
#7	B	
	M	
	D	
	Spouse	
#8	B	
	M	
	D	
	Spouse	
#9	B	
	M	
	D	
	Spouse	
#10	B	
	M	
	D	
	Spouse	
#11	B	
	M	
	D	
	Spouse	
#12	B	
	M	
	D	
	Spouse	

Please list sources of your information for this family:

Examples: your own personal knowledge, names of family members interviewed, Bible records and other family records used (and in whose possession you found the record), birth, marriage, death, church, cemetery records, wills and probate records, land records, military records, etc. For books, list title, author, place and date of publication.