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# Membership Application for the Poindexter Descendants Association, Inc.

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## *Instructions and Contact Information*

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 receiving and sharing one copy of each PDA Newsletter.

First time applicants please complete pages 1 through 3 of this application. Page 4 is optional and is used to add your children and grandchildren to the genealogy database. Renewals, please complete page 1 only, unless you have additional genealogical information about your family (page 4) to provide to the Research Committee.

Make check payable to: "Poindexter Descendants Association" or "PDA". Mail with this application to the Membership Secretary:

Kay Poindexter  
620 Fig Ave  
Chula Vista, CA 91910-5423

Questions? Phone: (619) 422-5751  
Email: [membership@poindexterfamily.org](mailto:membership@poindexterfamily.org)

I am applying as a  New Member or  Renewal, my PDA Membership Number is \_\_\_\_\_

Membership dues are (select one):  1 year - \$20.00  3 years - \$50.00  5 years - \$70.00

Payment Method:  Check Enclosed  Paid via PayPal at [www.poindexterfamily.org/membership](http://www.poindexterfamily.org/membership)

Select preferred name prefix:  Ms.  Mrs.  Miss  Mr.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_  
Your Last Name                      First Name                      Middle Name                      Title (Sr., Jr., I, II, III, Phd., etc.)

\_\_\_\_\_  
Your Maiden Last Name                      Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Cell \_\_\_\_\_

Your Current Spouse's information: \_\_\_\_\_  
Prefix (Ms, Mrs, Miss, Mr, Dr, etc.)                      Maiden Name

\_\_\_\_\_  
Goes by Last Name                      First Name                      Middle Name                      Title (Sr., Jr., I, II, III, Phd., etc.)

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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. The lineage chart and family group sheet will be shared with the Research Committee to review and to add your family to the PDA genealogy database. Abbreviated lineages are published in the PDA Newsletter for new members and in the PDA Membership Directory.

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### OFFICE USE

Notes:

Date Received:

Expiration Date:

PDA Number Assigned:

Membership Secretary:

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# Membership Application for the Poindexter Descendants Association, Inc.

## Lineage Form

Lineage Sheet of \_\_\_\_\_ Date \_\_\_\_\_ PDA# \_\_\_\_\_  
First Name Surname

### Instructions:

Please indicate how you are descended from your earliest known Poindexter ancestor on this Lineage Form. Line #1 is you, the descendant completing this form.

Starting with line #2, the first line is the name of your male or female parent, grandparent, etc., that descends from the Poindexter family (including other spellings, i.e. Poingdestre, Pendexter, Puddester). The spouse of your descendant is entered on the Spouse line. Do not list other spouses or marriages. Complete for as many generations you know. Use maiden names for all females.

Please cite your sources for names, births, deaths, marriages and places starting with couple #2. We will assume you know when you were born and married. Do not show divorces and second marriages, or your brothers and sisters on this form. If we need more than nine generations, we will contact you.

Names (use maiden) and Marriage Date/Place	Date (mm/dd/yyyy)	Place (city, county, state/province. Country if not U.S.)
<b>1</b> You: _____	born _____	_____
Spouse: _____	born _____	_____
Married: _____ date place	died _____	_____

<b>2</b> Descendant Parent: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
Married: _____ date place	died _____	_____
Sources: _____		

<b>3</b> Descendant grandparent: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
Married: _____ date place	died _____	_____
Sources: _____		

<b>4</b> Descendant Great-Grandparent: _____	born _____	_____
	died _____	_____
Spouse: _____	born _____	_____
Married: _____ date place	died _____	_____
Sources: _____		

Lineage Form is continued next page

# Membership Application for the Poindexter Descendants Association, Inc.

## Lineage Form *continued*

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	Names (maiden) and Marriage Date/Place	Date (mm/dd/yyyy)	Place (city, county, state/province, country if not U.S.)
<b>5</b>	Descendant	born	_____
	2X Great-Grandparent: _____	died	_____
	Spouse: _____	born	_____
	Married: _____ date                      place	died	_____
	Sources: _____		

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<b>6</b>	Descendant	born	_____
	3X Great-Grandparent: _____	died	_____
	Spouse: _____	born	_____
	Married: _____ date                      place	died	_____
	Sources: _____		

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<b>7</b>	Descendant	born	_____
	4X Great-Grandparent: _____	died	_____
	Spouse: _____	born	_____
	Married: _____ date                      place	died	_____
	Sources: _____		

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<b>8</b>	Descendant	born	_____
	5X Great-Grandparent: _____	died	_____
	Spouse: _____	born	_____
	Married: _____ date                      place	died	_____
	Sources: _____		

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<b>9</b>	Descendant	born	_____
	6X Great-Grandparent: _____	died	_____
	Spouse: _____	born	_____
	Married: _____ date                      place	died	_____
	Sources: _____		

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# Membership Application for the Poindexter Descendants Association, Inc.

## Family Group Information Form

List you, your spouse & your children. Or list any family group (for example, your child & his/her family). Use separate copies of this form for each family group.

<b>Father's name:</b>		<b>Mother's Name:</b>	
DATE (mm/dd/yyyy)    LOCATION (city, county, state)		DATE (mm/dd/yyyy)    LOCATION (city, county, state)	
Birth			
Marriage			
Death			
Other spouse's names			
Father's father's full name		Mother's father's full name	
Father's mother's maiden		Mother's mother's maiden	

CHILDREN'S NAMES	DATE (mm/dd/yyyy)	LOCATION (city / township, county, state)
#1	B	
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#2	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#3	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#4	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#5	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#6	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#7	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	
	#8	B
Sources/Notes:	M	
	D	
	Spouse's name, birth, death	

Use additional copies of this form if a couple has more than eight children.