



FRIENDS OF THE DOBY CEMETERY MEMBERSHIP APPLICATION

Full Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Phone Number: _____

Do you have an ancestor in the Cemetery: YES NO

I have enclosed a check in the amount of \$15.00, made payable to FOTDC Sec/Tres.

For which I will receive a membership certificate and be granted all rights and privileges under the bylaws of the Friends of the Doby Cemetery and the provisions of the State of Mississippi.

I hereby agree to always conduct myself in a manner that will reflect positively on the Friends of the Doby Cemetery and its members.

(Signature of applicant)

(Date)

MAIL APPLICATION TO:
Friends of the Doby Cemetery
406 Roberts Street
Waveland, MS 39576