



4¾ or 3 inch

# DRT/CRT MEMORIAL MEDALLION APPLICATION

[For 4¾ or 3 inch - \$66.00 (includes S&H) plus \$5.45\*]

\* Texas Residents Sales Tax



4¾ inch

**TOTAL \$71.45**

**MEDALLION TYPE/SIZE:**

DRT 4¾ inch  DRT 3 inch or  CRT 4¾ inch

**APPLICANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
DRT: \_\_\_ CRT: \_\_\_ SRT: \_\_\_ Family: \_\_\_ Other: \_\_\_  
Member No. & Chapter (or Sponsoring Chapter): \_\_\_\_\_

**RECIPIENT:**

Name: \_\_\_\_\_  
DRT/CRT NUMBER: \_\_\_\_\_ Chapter: \_\_\_\_\_  
Date of Death, if deceased: \_\_\_\_\_  
Cemetery Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
Signature of person giving permission to place medallion in Cemetery: \_\_\_\_\_  
 Family Member OR  Cemetery Official

(REQUIRED Signature!)

**SEND to:** (If address is different from the BILL to)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**BILL to:**



Credit card:  AMEX  VISA  MASTERCARD  DISCOVER OR CHECK NO. \_\_\_\_\_  
(Make check payable to DRT)

Cardholder name: \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ (mm/yy) Security code: \_\_\_\_\_  
(Address to which the card is billed if different from the SEND to address above)  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**DRT 4<sup>th</sup> VPG APPROVAL:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Daughters of the Republic of Texas (DRT)

510 E. Anderson Lane  
Austin, Texas 78752-1218

Phone: 512-339-1997 Fax: 512-339-1998 E-mail: headquarters@drinfo.org

MM.01 rev 2014-06-05

*Mail Application to:*

The Daughters of the Republic of Texas (DRT)

510 E. Anderson Lane

Austin, Texas 78752-1218

**Phone:** 512-339-1997 **Fax:** 512-339-1998 **E-mail:** [headquarters@drinfo.org](mailto:headquarters@drinfo.org)

MM.01 rev 2014-06-05