



Bloodline Application for Membership

Send Application to:

Po Box 606

Mansfield Missouri 65704

Phone 417 924 2040

**PLEASE PRINT CLEARLY IN BLUE OR BLACK INK. APPLICATION MUST BE LEGIBLE**

1. FULL NAME: \_\_\_\_\_ Maiden: \_\_\_\_\_

2. GENDER: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

social Security # \_\_\_\_\_

4. CONTACT TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

5. MAILING ADDRESS: \_\_\_\_\_

6. EMAIL ADDRESS \_\_\_\_\_

7. DO YOU POSSESS INDIAN BLOOD FROM A FEDERALLY RECOGNIZED TRIBE? \_\_\_ YES \_\_\_ NO

8. NAME OF TRIBE: \_\_\_\_\_

9. ARE YOU A MEMBER OF THIS TRIBE? \_\_\_ YES \_\_\_ NO HAVE YOU RECIEVED TRIBAL BENEFITS? \_\_\_ YES \_\_\_ NO

10. NAME OF APPLICANT'S SPOUSE: \_\_\_\_\_

11. IS YOUR SPOUSE ENROLLED IN AN INDIAN TRIBE? \_\_\_ YES \_\_\_ NO NAME OF TRIBE, if yes \_\_\_\_\_

12. APPLICANT'S ELIGIBLE CHILDREN: (a separate application must be filed for each child to be enrolled)

13. NAME OF RELATIVE ENROLLED WITH OUR NATION: \_\_\_\_\_

ENROLLMENT NUMBER: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

I certify that all of the above information is correct to the best of my knowledge. I understand that by sending in this application I am authorizing the Non-profit 501 (c) (3) Corporation of the Western Cherokee Nation of Arkansas and Missouri access to my information. I understand a fee of \$50.00 is required and non-refundable with my application. I also understand that a published list of members' names will be made available in the future.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

14. Applications (2 pages) must be accompanied by a legible copy of your CERTIFIED BIRTH CERTIFICATE, \$50.00 PROCESSING FEE AND BIRTH OR DEATH RECORDS linking you to your relative enrolled. Applications will not be processed if they are incomplete or lacking any documentation. ALL FEES ARE NON REFUNDABLE.

-----DO NOT WRITE BELOW THIS LINE-----

Applicant Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_ Pending additional information: \_\_\_\_\_

Enrollment No: \_\_\_\_\_ Processed by: \_\_\_\_\_