



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: _____

INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)

NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

NAME OF MEMBER'S FATHER: _____

NAME OF MEMBER'S MOTHER: (Give name before marriage)

NAMES OF MEMBER'S BROTHERS:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

NAMES OF MEMBER'S SISTERS:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

(Name of person preparing this chart if not a member of the group) (Date prepared)

Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 2 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Control Officer, Office of Regulatory Affairs - Indian Affairs, 1849 C Street, NW, MS 4141, Washington, DC 20240. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB clearance number.