



## Replacement Membership Card Request

PO Box 606, Mansfield, Mo. 65704 Office #: 417-924-2040

Website: [www.westerncherokee.co](http://www.westerncherokee.co) Email: [westerncherokeemembership@yahoo.com](mailto:westerncherokeemembership@yahoo.com)

**Provide your information & send \$15.00 with this form to the address listed above.**

**Member Name** \_\_\_\_\_

**Roll Number (if Known)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Current Address (if PO Box, Please include Physical Address)**

**Street Address** \_\_\_\_\_

**PO Box (if Applicable)** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**\*Phone Number** \_\_\_\_\_

**\*E-mail Address** \_\_\_\_\_

**\* Optional**