Application for Associate Membership in THE ASSOCIATION OF THE DESCENDANTS OF NANCY WARD BELOVED WOMAN OF THE CHEROKEE

Name of applicant _____ Cherokee? _____Yes _____No
First Middle Last Maiden Check one

Address:_____Telephone:_(____)_____

City:_____ State:_____ Zip:_____

e-mail: _____

Give us your interest in Cherokee history or genealogy_____

_____

If you have ancestors on the Cherokee Dawes Roll, please provide their names and roll numbers:

_____

_____

Mail completed application and $15.00 dues to:

The Association of the Descendants of Nancy Ward
P. O. Box 2138
Broken Arrow, OK 74013