

OUACHITA CHEROKEE OF CHEROKEE NATION WEST
Application for Tribal Enrollment
P.O. Box 959 Mena, AR 71953 479-437-3700

Check One: Bloodline Application New Application Card Replacement

1. FULL NAME: _____
2. GENDER: M F DOB _____ ARE YOU A VETERAN? Yes No
3. ADDRESS: _____
4. HOME PHONE _____ CELL PHONE _____
5. ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE?
6. IF YES, WHICH TRIBE? _____ DO YOU RECEIVE BENEFITS?
7. NAME OF SPOUSE _____ Is he or she a member of a Tribe?
8. IF THIS IS A BLOODLINE APPLICATION, COMPLETE THE FOLLOWING:
NAME OF BLOOD RELATIVE: _____ Roll # _____
Bloodline relative relationship to applicant _____ PHONE# _____

LIST NAMES OF WESTERN CHEROKEE ANCESTORS THROUGH WHOM ELIGIBILITY FOR ENROLLMENT IS CLAIMED. (The ancestor MUST have been part of the historic Western Cherokee. You must trace your ancestor back prior to 1851 or prior to that date. List the areas in which your ancestor lived. You MUST prove lineal descent from this person on your pedigree chart. Please highlight your Western Cherokee ancestors on same chart.)

If you would like to be added to the Tribal email list for updates and information, please enter your email address here: _____

By signing below, I authorize the Ouachita Cherokee of CNW to access all information necessary for determining membership and understand the \$25.00 processing fee is non-refundable. I certify that all information above is correct. I understand that any intentional misrepresentation will be grounds for termination of membership. I understand that if my application is approved, I will become a member of the Ouachita Cherokee of Cherokee Nation West and will be subject to all laws governing the Tribe.

Signature of Applicant: _____ Date _____

I am signing as the legal guardian of a minor child

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED !!

PLEASE REFER TO THE NEXT PAGE FOR A LIST OF DOCUMENTATION
 YOU WILL NEED TO SEND BACK WITH THIS APPLICATION.

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 Office Use Only:

Accepted Denied Incomplete Roll # Assigned _____

Office Signature: _____ Date _____