

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

- 1. Name: \_\_\_\_\_
2. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Are you a Veteran? \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Are you currently 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 # \_\_\_\_\_

Relationship to blood relative \_\_\_\_\_ Phone # \_\_\_\_\_

LIST THE NAMES OF ALL WESTERN CHEROKEE ANCESTORS THROUGH WHOM ELIGIBILITY FOR ENROLLMENT IS CLAIMED. (This ancestor MUST have been part of the historic Western Cherokee) You must trace your ancestors back to 1851 or prior.

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 Cherokee Nation West to access all information necessary for determining membership and I understand the \$50.00 processing fee is non-refundable. I certify that all the information above is correct. I understand that any intentional misrepresentation will be grounds for termination of citizenship. I understand that if my application is approved, I will become a citizen of the Ouachita Cherokee of Cherokee Nation West and will be subject to all laws governing the Tribe.

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

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

For Office Use Only! \_\_\_\_\_ Accepted \_\_\_\_\_ Denied CNW Roll # Assigned \_\_\_\_\_

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_