WESTERN CHEROKEE NATION

12912 Liberty Street, Suite 101, Fort Smith, Arkansas

Application for Tribal Membership

Complete all four pages and return Application in self-addressed, stamped envelope. Include a 2" x 2" photo with a solid, light background.

1.	Full Legal Name:	M	_ F
2.	Name as it appears on birth certificate:		
3.	Date of Birth: Place of Birth:		
4.	Telephone Number: Cell Phone Number:		
5.	Mailing Address:		
6.	Physical Address:*Note: If the mailing address includes a P.O. Box, a physical address MUST	also b	e listed.
7.	Email Address:@		
8.	Name the Western Cherokee ancestor(s) through whom Applicant is claiming enro	ollment e	əligibility:
9.	In what state and/or location did the ancestor listed above live between 1759 and 1	1838? _	
	Near what river or creek did the ancestor(s) named above live?		
10.	IS APPLICANT A MEMBER OF ANY FEDERALLY RECOGNIZED AMERICAN TR *Note: If so, Applicant is not eligible for membership in the Western Cheroke		
11.	Does Applicant receive benefits from any tribe? Yes / No Name of TRIBE:		
12.	Spouse's Name (if married):		
13.	If known, name of spouse's tribal entity (if applicable):		
14.	Applicant's eligible children:		

Note: A separate application MUST be completed for EACH child. EACH application MUST include a family chart as well as ALL supporting documentation. Use back of application if additional space is needed.

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	15. Name any relatives who are recognized Citizens of the Western Cher roll number, their RR number and their relationship to the Applicant:	okee Nation, along with their
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_		
Note: Use back of application if additional space is needed.		
Signature of Applicant: Date:		Date:

APPLICATION PROCESSING FEE: All application fees are \$65 per adult and \$35 for children under the age of 18. An ID card and certificate will be issued for each applicant upon approval as a Citizen of the Western Cherokee Nation. ALL forms MUST be completed, the family tree chart MUST be completed, and ALL supporting documentation MUST be included for EACH application. A SEPARATE file MUST be submitted for EACH adult and for EACH child. Photocopies are acceptable; DO NOT include original documentation. Information provided MUST date back prior to the Removal of 1838. If supporting documentation is dated prior to the 1817 treaty, documentation MUST include the place west of the Cherokee where the Applicants ancestor(s) lived. The Cherokee ancestor(s) MUST be listed on the attached family tree. If the ancestor(s) listed above moved west between 1817 and 1838, the towns or communities where the ancestor(s) lived as well as the Chief for the area MUST be listed. No bloodline is required during the period.

If the family moved from the community AFTER the 1838 Removal, Applicant MUST show the Cherokee ancestry in the family tree. By order of the Chief and Council, all tribal business must be performed by the Western Cherokee, Inc. All information submitted becomes property held in Trust by the Western Cherokee Nation. Citizenship status is processed under US Government CFR25, Part 83. For assistance, call the Western Cherokee Nation office at (479) 434-2953.

Hershal H. Hobaugh, Chief



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FAMILY INFORMATION - NAMES OF SIBLINGS

	nter the roll number, if applicable, and circle whether sibling is male or female. The following information is lely for use by the enrollment committee to determine eligibility of additional family members of Applicant.
	Roll #: M / F
2.	Roll #: M / F
	Roll #: M / F
4.	Roll #: M / F
5.	Roll #: M / F
	Applicant is not related to other members of the Western Cherokee Nation, please list the names of siblings Cherokee ancestor(s) who were 21 years of age or older in 1908.
	ADDITIONAL INFORMATION*
Od	ccupation:
Н	obbies/Interests:
Vc	Use back of application if additional space is needed.
	NOTE: ENCLOSE COPIES OF ALL CERTIFICATES. DO NOT SEND ORIGINALS. KEEP A COPY OF THE FILE BEING SUBMITTED.
 3. 	ancestor(s) living in the last half of the 1800's.
	*Include a 2" x 2" color picture of Applicant photographed against a solid, light background. Anything larger than a 2" x 2" color picture will not be acceptable.
	DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE
	APPLICANT: ACCEPTED DENIED PENDING ADDITIONAL INFORMATION
	COMMENTS
	ROLL # DATE ROLL # ISSUED

ENROLLMENT DEPARTMENT SIGNATURE_____