



NATIONAL SOCIETY DESCENDANTS OF AMERICAN FARMERS
CHILDRENS MEMBERSHIP

National Number: _____

The Applicant: _____

born _____ at _____ child / grandchild

of _____ National Number _____

Please provide the following information: Name you would like it to appear on your membership certificate:

Address: _____

City: _____ State _____ Zip: +4 _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

My Ancestor: _____

Was engaged in agriculture in (state) _____ and was

Born _____ at _____ died on _____

At _____ and their () spouse _____

Born on _____ at _____ died on _____

Married _____ at _____

I declare I will uphold and support the objectives for which this organization was formed, chiefly the promotion of agriculture careers in the United States of America.

SIGNED: _____ DATE _____

Registrar National Signature _____ DATE _____

President National Signature _____ DATE _____

Lineage application used _____ or Birth Certificate

Registrar National: Davena Liepman
10809 West Timberwagon Circle
The Woodlands, Texas 77380-4030

972-743-5406 email: NSDOAF@gmail.com – <http://nsdoaf.com>

Check _____ Amount _____