



NATIONAL SOCIETY DESCENDANTS OF AMERICAN FARMERS  
MEMORIAL MEMBERSHIP

National Number: \_\_\_\_\_

The Applicant: \_\_\_\_\_ Nat'l # \_\_\_\_\_

Wishes to memorialize \_\_\_\_\_

with a certificate      bronze marker      or both      (this option requires an additional fee of \$50.00)

Please provide the following information: State exact name for certificate.

\_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: +4 \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Through their Ancestor: \_\_\_\_\_

Who engaged in agriculture in (state) \_\_\_\_\_ and was

Born \_\_\_\_\_ at \_\_\_\_\_ died \_\_\_\_\_

At \_\_\_\_\_ and ( ) spouse \_\_\_\_\_

Born \_\_\_\_\_ at \_\_\_\_\_ died \_\_\_\_\_

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.

Approved Society \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

Registrar National Signature \_\_\_\_\_ DATE \_\_\_\_\_

President National Signature \_\_\_\_\_ DATE \_\_\_\_\_ If

no approved application is available, please request a Long Application Form.

Registrar National: Davena Liepman  
10809 West Timberwagon Circle  
The Woodlands, Texas 77380-4030  
972-743-5406 email: [NSDOAF@gmail.com](mailto:NSDOAF@gmail.com) – <http://nsdoaf.com>  
Check \_\_\_\_\_ Amount \_\_\_\_\_