TASHKAHOMMA CLAN MEMBERSHIP APPLICATION

(FORM TC-A01)

**Mail completed forms to our enrollment office:**

**Tashkahomma Clan**

**3075 West Fork Rd., Stout, OH 45684**

\*All personal information shared by applicants and members remains private between applicants or members and Tashkahomma.org. Applicant and member information is never shared with third parties. All applicant and member forms are stored securely at our enrollment office in Stout, OH. Applicants and members may at any time request their original application forms be returned to them and any personal information and/or documents will be deleted from the Tashkahomma.org database. More information is available upon request. Email us at info@tashkahomma.org or call us during our regular business hours at (580) 227–0976.

SECTION 1: GENERAL INFORMATION

**FULL NAME:**

First Middle Last

**DATE OF BIRTH:**

**ADDRESS:**

Street Address Apt/Suite

City State Zip Code

**WILLING TO RELOCATE?** Yes No (OK TX OH )

**EMAIL:**

**SPOUSE (if applicable):**

**NAMES OF NATURAL CHILDREN TO BE ENROLLED UNDER THE APPLICANT:**

**NAMES OF ADOPTED CHILDREN TO BE ENROLLED UNDER THE APPLICANT:**

SECTION 2: ANCESTRY

\*Complete “Section 2: Ancestry” to the best of your ability citing only your direct lineal descent from Tashkahomma and Simon P. Jones. Please contact us if you require assistance from one of our professional genealogists.

**FATHERS NAME:**

**DATE OF BIRTH:**

**PLACE OF BIRTH**

**MOTHERS NAME:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT GREAT GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT GREAT GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 3X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 3X GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 4X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 4X GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 5X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 5X GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 6X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 6X GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 7X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 7X GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 8X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 8X GRANDMOTHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 9X GRANDFATHER:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GREAT 9X GRANDMOTHER: DATE OF BIRTH: PLACE OF BIRTH:**

**Check each box that applies as either an Interest or a Current Skill:**

SECTION 3: Interests and Skills

**Building and Framing Farming**

**Ranching**

**Wrangling**

**Blacksmithing**

**Bladesmithing**

**Leathercrafter**

**Gardening Cooking Sewing**

SECTION 4: Comment Section

**Arts (beadwork, clothing design, painting, poetry, song)**

**Spirituality Child Care Other**

\*Please share any other information you feel would assist in processing your application in an informative and concise manner.

\*By signing this form I acknowledge, understand, and verify the following: I acknowledge and understand that all information shared with Tashkahomma.org is voluntary. I verify that the information I have provided is accurate to the best of my knowledge. I acknowledge and understand that I am submitting the above information to Tashkahomma.org for review only and that my acceptance and enrollment in the Tashkahomma Clan is dependent not only on the accuracy of my information but is also at the discretion of Tashkahomma Clan leaders and family members. I acknowledge and understand that Tashkahomma.org and Tashkahomma Clan reserve the right to reject my application to this private organization and private family with no explanation provided or necessary. I acknowledge and understand that I reserve the right to request that my original application be sent back to me, at any time, whether accepted or denied and that the entirety of my information shared or discovered will be deleted from all Tashkahomma.org files upon my request.

 Name Signature Date

Please allow 4-8 weeks from the receipt of any application to be contacted by an enrollment coordinator.

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