APPLICATON FOR MEMBERSHIP

INDIAN WOMEN’S POCAHONTAS CLUB

P.O. Box 3252

Claremore, OK 74018

www.indianwpc.org

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print Name First Maiden Married

hereby make application for membership in the INDIAN WOMEN’S POCAHONTAS CLUB of Claremore, Oklahoma.

I am a descendant of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who was enrolled under Cherokee Dawes Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This is my Mother \_\_\_\_\_\_

Father \_\_\_\_\_\_, Grandmother \_\_\_\_\_\_, Grandfather \_\_\_\_\_\_, Great GM \_\_\_\_\_\_, or Great GF \_\_\_\_\_\_.

If you have more than one ancestor with a Dawes Roll Number, please list them on the back.

If you have other relatives who have ever been a member of this Pocahontas Club, please check here \_\_\_\_\_\_ and list them on the back with any other information you wish to include.

Please include your first year’s dues (currently $50.00) which covers the cost of your annual yearbook insert and monthly newsletters. Our club year is January 1st thru December 31st.

Will you be able to attend meetings regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell on the back in 25 words or less why you want to become a member.

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Friend \_\_\_\_\_\_\_\_\_\_

Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Friend \_\_\_\_\_\_\_\_\_\_

Member

This form is to be filled out **completely** to here, before submitting to the Membership Chairman

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Chairman Member Member

Dawes Roll Page # \_\_\_\_\_\_\_\_\_\_\_ Date Presented \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Voted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ or Cash \_\_\_\_\_\_ Notified \_\_\_\_ Folder \_\_\_\_

(This information may be used for our 125th Anniversary Book in 2024)