



# National Society Descendants of American Farmers

NSDOAF Member Number:  _____
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## Youth Application

**New Application**

**Supplemental Application**

**Farmer**

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Says that they were born on \_\_\_\_\_ at \_\_\_\_\_

Child Grandchild of \_\_\_\_\_ National Number: \_\_\_\_\_

Name as you wish it to appear on NSDOAF Certificate: \_\_\_\_\_

Name and Address for Correspondence:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) State Zip + 4

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Youth's Email Address (if desired): \_\_\_\_\_

### **ANCESTOR'S RECORD OF SERVICE AS FARMER (Ancestor - July 4th, 1776 through July 4th, 1914)**

Ancestor Farmer's Name: \_\_\_\_\_

was engaged in agriculture at: \_\_\_\_\_ and was born on \_\_\_\_\_  
(State)

at \_\_\_\_\_ died \_\_\_\_\_ at \_\_\_\_\_ and his/her

( ) spouse \_\_\_\_\_ born on \_\_\_\_\_ at \_\_\_\_\_

died \_\_\_\_\_ at \_\_\_\_\_ married on \_\_\_\_\_ at \_\_\_\_\_

Sponsor's Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I declare I will uphold and support the objectives for which this organization was formed, chiefly the promotion of agricultural careers in the United States of America. The application along with all supporting documents remains the property of the National Society Descendants of American Farmers in perpetuity.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: Applications (both new member and supplementals) will not be reviewed until the membership fee is received. Applications rejected will incur a processing fee of \$25.00.**

The printed application, all supporting documentation, and appropriate fees must be mailed to:

Davena Liepman  
10809 West Timberwagon Circle  
The Woodlands, Texas 77380-4030  
972-743-5406

Payment Type:

Check

PayPal

Received
Fee
Paid

NSDOAF Use Only

**Approved by:**

\_\_\_\_\_ **President National**

\_\_\_\_\_ **Registrar National**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_