



National Society Descendants of American Farmers

NSDOAF
Member
Number:

Membership Application (Short Form)

New Application Supplemental Application Referred by: _____
Affiliations: Farmer Military Master Gardener

Name: _____
(First Name) (Middle and Maiden Name) (Last Name)

Address: _____
(Street Address) (City) State Zip Code + 4

Applicant's Email: _____ Phone: _____ (home) _____ (cell)

Name as you wish it to appear on NSDOAF Certificate: _____

says that they were born on _____ at _____

and married _____ on _____ at _____
(Spouse's Name)

his/her spouse was born on _____ at _____

died on _____ at _____

Proof: NSDAR, NSSAR, etc. _____

I am submitting herewith the following Record Copy in lieu of submitting other evidence:

Name of Society Member # Approved
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 _____ at _____

and died on _____ at _____

and his/her spouse _____ born on _____ at _____

died on _____ at _____ married on _____ at _____

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

Approved by:

President National Date: _____

Registrar National Date: _____