



National Society Descendants of American Farmers

Membership Application (Long Form)

NSDOAF Member Number: _____

New Application

Supplemental Application

Referred by: _____

Current Affiliations:

Farmer

4H

FFA

Master Gardener

Military Experience:

Active Duty

National Guard

Reserve

Veteran

Mr.

Mrs.

Ms.

Miss

Dr.

Rev.

Other: _____

Name: _____

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

Applicant's Email Address: _____ Phone Number: _____

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

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

Ancestor Farmer's Name: _____

Ancestor's Farming Location(s): _____

Source citation(s): _____

Date of Death: _____ Place of Burial: _____

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

Name of Society Member # Approved

Applicant further says that the said _____ is his or her ancestor and the statements set forth are true to the best of his or her knowledge and belief.
(Name of Farmer Ancestor)

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:
Certificate:

Approved by:

NSDOAF Use Only

President National **Date:** _____
Registrar National **Date:** _____

LINEAGE

I (*applicant's name*) _____ declare

I was born on _____ at _____

married on _____ at _____

to _____ born on _____

at _____ died or divorced on _____

(2) married on _____ at _____

to _____ born on _____

at _____ died or divorced _____

(3) married on _____ at _____

to _____ born on _____

at _____ died or divorced _____

PROOF:

I am the biological child of

1. _____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

2. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

3. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

4. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

5. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

6. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

7. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

8. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

9. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

The names of spouses and children listed below do not constitute proof of lineal descent from the farmer patriot except for the spouse and child listed in the lineage on page two of this application.

My Farmer Ancestor was married (This section is *OPTIONAL*)

- (1) to _____ at _____ on _____
- (2) to _____ at _____ on _____
- (3) to _____ at _____ on _____
- (4) to _____ at _____ on _____

Children of Ancestor Farmer (This section is *OPTIONAL*)

As proven by: _____

NAMES	DATES OF BIRTH – PLACE	TO WHOM MARRIED, NOTE IF MORE THAN ONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Send the printed application, all supporting documentation, and appropriate fees to:

Davena Liepman
10809 West Timberwagon Circle
The Woodlands, TX 77380-4030
972-743-5406
nsdoaf@gmail.com ~ www.nsdoaf.com

All checks are payable to **NSDOAF**

The application, information thereon, and supplemental data become the property of the National Society Descendants of American Farmers.

A check or money order in the amount of \$300 must accompany this completed Membership Application. See the alternate application fees if the applicant is either under the age of 18, submitting a Super Senior (80+) application, or is pursuing a Supplemental Application.