



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

2. _____ 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:

10. The said _____ was the biological child of

_____ born _____ at _____

died at _____ on _____ and his () wife

_____ born _____ at _____

died at _____ on _____ Married – Date _____

at _____

PROOF:

