



National Society Descendants of American Farmers

NSDOAF
Member
Number:

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: _____