Name:	Descend	National Society dants of American Fai	NSDOAF Member Number:
Name:	FRICAN FARME	Youth Application	
Says that they were born on	New Applicatio	on Supplemental Application	Farmer
Child Grandchild of	Name:(First Name)	(Middle Name)	(Last Name)
Name as you wish it to appear on NSDOAF Certificate: Name and Address for Correspondence: Name: Address:	Says that they were born on	at	
Name as you wish it to appear on NSDOAF Certificate: Name and Address for Correspondence: Name: Address:	Child Grandchild of	Nati	onal Number:
Name:			
Address:	Name and Address for Correspondence: Name:		
Phone: (Mobile) Youth's Email Address (if desired):			
Youth's Email Address (if desired):			Mobile)
ANCESTOR'S RECORD OF SERVICE AS FARMER (Ancestor - July 4th, 1776 through July 4th, 1914) Ancestor Farmer's Name:			,
Ancestor Farmer's Name: was engaged in agriculture at:			 th, 1914)
was engaged in agriculture at:	Ancestor Farmer's Name		
at			oorn on
() spouse born on at died at married on at Sponsor's Email Address:			
diedat			
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			
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 Payment Type: 10809 West Timberwagon Circle Check The Woodlands, Texas 77380-4030 PayPal 972-743-5406 PayPal Approved by: President National Date:	careers in the United States of America. The	e application along with all supporting documents	
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 President National Davena Liepman President National Davena Liepman Davena Liepman President National Davena Liepman Davena Liepman President National Davena Liepman President National Davena Liepman Davena Liepman President National President	Signature of Applicant	Date:	
Davena Liepman Payment Type: Received 10809 West Timberwagon Circle Check Fee The Woodlands, Texas 77380-4030 PayPal Paid 972-743-5406 NSDOAF Use Only Approved by: President National Date:			ed until the membership fee is
Davena Liepman Payment Type: Fee 10809 West Timberwagon Circle Check Fee The Woodlands, Texas 77380-4030 PayPal Paid 972-743-5406 NSDOAF Use Only Approved by: President National Date:	The printed application, all supporting docu	umentation, and appropriate fees must be mailed t	
The Woodlands, Texas 77380-4030 PayPal 972-743-5406 Paid Approved by: President National Date:			
Approved by: President National Date:	The Woodlands, Texas 77380-4030)	Fee
Approved by: President National Date:	972-743-5406	PayPal	Paid
President National Date:			NSDOAF Use Only
President National Date:	Approved by:		
Registrar National Date:		President National	Date:
		Registrar National	Date: