

Member/Subscription Application

DATE:	5	/.	05/	
NAME: First	Middle Ini	tial 100	Last	
MAILING ADDRESS:	Apt #, & S	treet Address or I	Post Office Box #	
	City	State	Zip	
TELEPHONE NUMBER: E-MAIL ADDRESS: BIRTH MONTH (NOT THE			 - -	
Do you want to be listed in	•	ectory? Yes	No	
Referred, or Contacted by Whom?				
NAMES OF OTHER HOUSE			THEIR RIRTH MON	JTH
AT THE SAME ADDRESS T		•		,
(Note: Dues are per <u>househo</u>	old, not per <u>perso</u>	<u>n)</u>		
CHEROKEE AFFILIATION: Cherokee Nation			•	
Olieforee Nation	CN Registration	Number		
Cherokee Descent, Unreg	istered			
Other (explain):				
Areas of Special Interest	· · · · · · · · · · · · · · · · · · ·	· · ·	·	
Areas of Special Interest	(Continue at no	te i on seco	nu page):	
* * * * * Dues for Member or Subsc	* * * *	te "?" on seco	nd nage):	
Rate is \$ 20 per year, <u>pe</u>	-			
Note: July is anniversary				e the
pro-rated payment schedu			<u> </u>	
Send check or money orde	er made out to '	'CSWT" <u>Do no</u> t	send cash. Mail t	0:
CSWT				
P.O. Box 14184				

Albuquerque, New Mexico 87191-4184

Note (1)	Areas of Special Interest, continued Identify the activities you
	nterested in exploring in CSWT:
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	7,000
Sug	gestions for speakers, programs and activities:
Note (2)	Members and Subscription:
Approval o	f membership applications is at the discretion of the CSWT Council.
Membershi	ip may be granted upon payment of dues, completion of application
form and a	ction by the CSWT Council.

Note (3) Prorated Payment of Member/Subscription Dues

If joining in July – September \$20.00 to July of the next year
If joining in October - December \$15.00 to July of the next year
If joining in January – March \$10.00 to July of the year
If joining in April - June \$5.00 to July of the year