



Member/Subscription Application

DATE: _____

NAME: _____

First Middle Initial Last

MAILING ADDRESS: _____

Apt #, & Street Address or Post Office Box #

City State Zip

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

BIRTH MONTH (NOT THE YEAR) _____

Do you want to be listed in the CSWT directory? Yes ___ No ___

Referred, or Contacted by Whom? _____

NAMES OF OTHER HOUSEHOLD MEMBERS OVER 18, & THEIR BIRTH MONTH, AT THE SAME ADDRESS TO BE ADDED TO THE CSWT ROSTER:

(Note: Dues are per household, not per person)

CHEROKEE AFFILIATION:

Cherokee Nation _____

CN Registration Number

Cherokee Descent, Unregistered _____

Other (explain): _____

Areas of Special Interest (Continue at note "1" on second page):

Dues for Member or Subscription (See note "2" on second page):

-- Rate is \$ 20 per year, per household, including the newsletter.

Note: -- July is anniversary month for dues. If a month other than July, see the pro-rated payment schedule at note "3" on second page for your initial payment.

Send check or money order made out to "CSWT" Do not send cash. Mail to:

CSWT

P.O. Box 14184

