New Mexico Cherokee Community

(A Satellite Community of the Cherokee Nation)

Membership Application

Date: _____

Name: First _____ MI ___ Last _____

Mailing Address: _____

City _____ State ___ Zip _____

Telephone #: _____

E-Mail Address: _____

Birth Month (*Not the Year*): _____

Referred by: _____

Names of additional Household Members over age 18, & their birth month, living at the same address to be added to the NMCC Roster:
(*Note: dues are per household, not per person*)

Cherokee Affiliation:

Cherokee Nation Registration # _____

Cherokee Descent, Unregistered _____

Our Veterans and Elders are a special part of our Community. We look forward to opportunities in honoring you.

Have you served in the Armed Forces? Yes/No If so, which Branch? _____

If age 65 or older, Please, provide your Name *(if other than the applicant)* and complete date of birth. _____

Dues for the membership is $25.00 per year, per household.....

Note: Membership Dues are Not for Tribal Enrollment.

Note: July is the anniversary month for dues. If applying in a month other than July, see the pro-rated payment schedule for your initial payment listed on the other side.

Send check or money order made out to NMCC. Mail to:

NMCC

P.O. Box 14563

Albuquerque, New Mexico 87191

(04/2016)