

FALL GENEALOGY WORKSHOP REGISTRATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Mailing address:

City:

State:

ZIP Code:

PAYMENT INFORMATION

Name:

Mailing Address:

Phone:

E-mail:

City:

State:

ZIP Code:

Payment Type:

Credit Card Number:

Exp. Date:

CHEROKEE NATIONAL HISTORICAL SOCIETY MEMBERSHIP

List the Name on the membership card

Level: (e.g. Elder)

Name

SIGNATURES

I authorize the verification of the information provided on this form is true. If paying by credit card, you are authorizing Cherokee Heritage Center Staff to run the card listed above for payment.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date:

Please Send Complete Registration To:

Cherokee National Historical Society
Attention: Cherokee Family Research Center
PO Box 515
Tahlequah, OK 74465

Payment Types Accepted: Money Order, Checks and Credit Cards