

San Diego Cherokee Community Membership Form

Please check your payment amount: _____ Individuals: \$15, _____ Family Membership \$20

Date: _____

NAME: _____

First

Middle Initial

Last

May we share your contact information with the Cherokee Nation in the event that they do not already have it accurately on file?

Yes No

Even if you are a renewing Member, and all New Members, please fill in all the requested information. Please print clearly, especially your email address.

MAILING ADDRESS:

Street Address & Apt. # or Post Office Box #

City

State

Zip

TELEPHONE # _____

E-MAIL: _____

Do you want to be listed in a SDCC membership directory?

Yes No

Names of other household members over 18 at the same address to be added to the SDCC Roster of Members: _____

Cherokee Affiliation (Check One): Cherokee Nation United Keetoowah Band Eastern Band of Cherokee

Registration # _____
Cherokee Descent, Unregistered _____ Other _____ (Explain) _____

Membership Year 2023