



# Mt. Hood Cherokees-Application for Membership

We invite you to join our community!  
*It is not necessary to be a Cherokee Nation citizen to join.*

Member Information			
Name Adult # 1:		Date:	
Mailing Address:		City/State:	Zip Code:
Phone Number:		E-Mail:	
Veteran: Yes No	Cherokee Nation Citizen: Yes No	If yes, Registration Number:	
Other Cherokee/Other Affiliation (explain):			
Name Adult # 2:			
Mailing Address:		City/State:	Zip Code:
Phone Number:		E-Mail:	
Veteran: Yes No	Cherokee Nation Citizen: Yes No	If yes, Registration Number:	
Other Cherokee/Other Affiliation (explain):			
Our <b>Membership Directory</b> is for members only. It is not to be shared outside Mt. Hood Cherokees. Please indicate with an "X" information to be included in the Membership Directory:			
<input type="checkbox"/> Name and contact information		<input type="checkbox"/> Name only	
Please list areas of interest, suggestions for speakers, programs and/or activities you are interested in for our membership meetings:			

Household Information of <u>participating</u> members		
First and Last Name	Cherokee Nation Registration Number	Date of Birth (if less than 18 years of age)
Child #1		
Child #2		
Child #3		

Membership Annual Dues (Membership is by Household)	
Mail to: <b>Mt. Hood Cherokees 3425 NW Elmwood Dr. Corvallis, OR 97330</b>	
	Enclosed is my membership payment of \$25.00 for a one-person household
	Enclosed is my membership payment of \$40.00 for a family household
	I request my membership dues be waived because: <input type="checkbox"/> I am at least age 65 <input type="checkbox"/> Financial hardship
	Enclosed is my additional contribution of: \$_____

Renewals occur annually in April

Mt. Hood Cherokees is tax-exempt under Section 501(c)(3) of the Internal Revenue Code  
 Type of Membership Approved by MHC Council \_\_\_\_\_ Date Approved \_\_\_\_\_