# OSAGE NATION
# MEMBERSHIP DEPARTMENT
# PO BOX 488
# PAWHUSKA, OK 74056
# (918) 287-5390
# APPLICATION FOR MEMBERSHIP

**Please note that if you possess a CDIB card, please enclose a copy of it to complete this application. Upon receipt of your completed application, you will be sent a Membership Card. If you do NOT possess a CDIB card, please call the CDIB Department at (918) 287-5389. Thank you.**

**** DO NOT FAX THIS APPLICATION ****

**NAME:** _____
**Last First Middle (Maiden)**

**A/K/A:** _____ **A/K/A:** _____

**Sex: Male** _____ **Female** _____ **SSN:** _____

**Date of Birth:** _____ **Telephone (  )** _____

**Mailing Address:** _____

**City:** _____ **State:** _____ **ZIP:** _____

_____ **Date:** _____
**Signature of Applicant or Guardian**
**(Must sign application if over 18 Years of Age)**

**(1) Name of Osage Parent:** _____

**(2) Name of Osage Parent:** _____
**(Include Mother's Maiden Name When Applicable)**

**** DO NOT FAX THIS APPLICATION ****

***FOR OFFICE USE ONLY***

**Issued:** _____

**Clerk:** _____