

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

APPLICATION FOR REPLACEMENT CARD

I am requesting another Membership card for the following reason(s):

(Please Print)

NAME: _____
 First Middle Last (Maiden)

Date of Birth: _____ Telephone () _____

Street Address or PO Box: _____

City: _____ State: _____ ZIP: _____

_____ Date: _____

Signature of Applicant or Guardian

PLEASE LIST YOUR PARENTS NAMES BELOW:

FORM OF IDENTIFICATION
(COPIES)

FATHER: _____

1. Driver's License

MOTHER: _____

2. Social Security Card

FOR OFFICE USE ONLY

Issued: _____

Clerk: _____

***The first duplicate card is free of charge.
Additional duplicate cards are \$10.00 per card.**