

Meherrin - Chowanoke Nation Application Request

Date: _____

To: The Meherrin-Chowanoke Nation
P.O. Box S
Winton, NC 27986

Dear Enrollment Screening Committee:

I would like to request a membership enrollment application for myself to become an enrolled member of the Meherrin-Chowanoke Nation. I am aware approval for membership is dependent on the accuracy of the information provided and family ties to the historical Meherrin-Chowanoke Nation People and area.

Print Name: _____

Signature: _____

Address: _____

City: _____ St. _____ Zip Code: _____

Telephone No: _____ Cell: _____

Email: _____

The application request to the Meherrin-Chowanoke Nation may be mailed to the address above or emailed to meherrinchowanokeapplications@gmail.com. To avoid delays please complete all requested information before mailing or emailing request form.