ORDER OF THE FOUNDERS OF NORTH AMERICA Membership Inquiry

This form is intended to provide information for the order to process your application. Please complete the form below. When completed either e-mail or mail the application to the following address:

Kevin Carr Secretary General, OFNA 5319 Ridge Rock Ave NW Albuquerque, NM 87114-4130 Wa5j.ofna@gmail.com

Potential Member	· Coi	ntact Information	n					
Name:						Maiden:		
Address						Phone		
						E-Mail		
Include	City, S	tate and zip+4						
Spouse:								
Potential Member	· Lin	eage Informatio	n					
TT 1	1 /1	. 1' 11 1	1.0	Dlagge	-i	~~~~~		eter and colour on country
Have you documented that you lineally descend from a Founder of North America, including the Caribbean								
and offshore North A								
of 1492 to 1692?								
Have you joined other	r line	aga sociaties based	on this					
lineage? If so, to whi		_						
belong?		,						
TC	1' /	1. 6.1						
If not, is your ancested qualifying him/her for								
Article III, Section 2			• 5					
Do you have question								
assistance with? Please be as comprehensive as you can with questions.								
can with questions.								
Communication Efficacy								
Did you see our adve	rtiser	nents? If so, check	1	DAR _	-	SAR		_ Family Tree Magazine
How did you learn at	out c	our society:					•	
Date Submitted								
Date Submitted								
		FOR	OFNA	USE ON	LY			
Date rec'd Sec	Sec			Date to ExCom				
Date Action	n			Action				

Effective: January 2, 2024