

# HUERFANO CHAPTER HOUSE

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Term(s) Applying For:  
20\_\_ Fall Semester  
20\_\_ Spring Semester

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Mailing Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Gender	( ) Male ( ) Female		Social Security No.					Census Number		
Marital Status				No. of Children				Spouses Name		
Are you a Veteran?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		<b>(Office Staff Only)</b>			
Are you a registered member of Huerfano Chapter?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		D.O.B			Verified by:
<u>If under the age of 18, Verification of Voter's</u>										
Mother's Name:			Address: (City, State, Zip)				Tribe:			
Father's Name:			Address: (City, State, Zip)				Tribe:			

EDUCATION										
High School						Address				
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College						Address				
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other						Address				
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date