



# REPLACEMENT APPLICATION

Osage Nation  
Membership Office.  
P.O. BOX 488  
239 W. 12<sup>TH</sup> St.  
Pawhuska, OK 74056  
1-800-818-6517  
918-287-5389  
Fax # 918-287-5502  
[CDIB@osagenation-nsn.gov](mailto:CDIB@osagenation-nsn.gov)

PLEASE CHECK WHICH CARD YOU ARE REPLACING

- MEMBERSHIP AND CDIB CARDS **\$10 replacement fee for Membership card (cash, check and money orders only).**
- MEMBERSHIP CARD ONLY **\$10 replacement fee (cash, check and money orders only).**
- CDIB CARD ONLY

**Please list why you are requesting a replacement card.**

## Applicant Information

Please write the name of the applicant

Full Name: \_\_\_\_\_  
Last First M.I. Maiden Name

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

DOB: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature of Applicant or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Must sign application if over 18 yrs. of age)

**Must submit a Photo ID if mailing or faxing in application.**

## For office use only

RECEIVED VIA:

WALK-IN    MAIL    FAX    EMAIL

\_\_\_\_\_  
DATE ISSUED

\_\_\_\_\_  
INITIALS OF TECH

