

NATIVE VILLAGE OF CHITINA

P.O. Box 31 Chitina, Alaska 99566 Phone: (907)823-2215 Fax: (907)823-2285

Chitina Tribal Enrollment Membership Application

APPLICANT INFORMATION

Full Name:

Native, Maiden, or Other Name:

Date of birth:

SSN:

Phone:

Mailing address:

City:

State:

ZIP Code:

ANCESTOR OR BASE ENROLLEE INFORMATION

Full Name:

Native, Maiden, or Other Name:

Date of Birth:

Base Enrollee #:

Relationship:

City:

State:

ZIP Code:

APPLICANT'S DEGREE OF BLOOD AND TRIBE INFORMATION

Total Degree of Native Blood:

Name of Tribe:

Village:

Are any of the applicant's parents enrolled into another tribe? If yes, which tribe:

Name of the parent enrolled in another tribe:

Is applicant an adopted child?

Yes OR No (Circle One)

Is applicant enrolled with another tribe?

Yes OR No (Circle One)

Is applicant a direct lineal descendant of a member of the tribe?

Yes OR No (Circle One)

NAME OF APPLICANT'S CHILDREN ELIGIBLE FOR ENROLLMENT

Name

Name

Name

Name

WITH THIS APPLICATION YOU WILL NEED: COPY OF YOUR BIRTH CERTIFICATE, CERTIFICATE OF INDIAN BLOOD OR BAPTISMAL RECORD.

If sponsoring applicant,

Please state your relationship:

Signature of Applicant or Sponsor:

Date:

****OFFICE USE ONLY****

Action by the Native Village of Chitina

Native Village of Chitina Council does here by:

Approve OR Reject (Circle One)

If rejected, reason for rejection:

Vote by Board of Directors:

For:

#Against:

President's Signature:

Date of Meeting:

Native Village of Chinia Ancestry Chart

