

EILEEN L. EWAN
PRESIDENT

GULKANA VILLAGE COUNCIL

NICK JACKSON
VICE PRESIDENT

PO Box 254 * Gakona, AK 99586 * Phone: 907-822-3746 * Fax: 907-822-3976 * Email: Admin@GulkanaCouncil.org

APPLICATION FOR TRIBAL MEMBERSHIP

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

OTHER NAME KNOWN BY: _____ MALE FEMALE

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ MESSAGE PHONE: _____ E-MAIL ADDRESS: _____

ENROLLED ANCESTOR(S) THROUGH WHOM MEMBERSHIP RIGHTS ARE CLAIMED:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>MEMBERSHIP NO.</u>
_____	_____	_____
_____	_____	_____

IS EITHER OF YOUR PARENTS ENROLLED AS A MEMBER OF ANOTHER TRIBE? YES NO

IF YES, WHICH PARENT AND WHAT TRIBE? _____

IS APPLICANT AN ADOPTED CHILD? YES NO

IS APPLICANT ENROLLED WITH ANOTHER TRIBE? YES NO

IS APPLICANT A DIRECT LINEAL DESCENDANT OF A MEMBER OF THE TRIBE? YES NO

SIGNATURE:

APPLICANT OR SPONSOR

DATE

SPONSOR, RELATIONSHIP TO APPLICANT: _____

(MUST SUBMIT BIRTH CERTIFICATE, CERTIFICATE OF INDIAN BLOOD, OTHER PROOF OF BIRTH AND PARENTAGE WITH APPLICATION)

TO BE COMPLETED BY NOTARY (IN ACCORDANCE WITH STATE NOTARY REQUIREMENTS)

_____ (NAME OF APPLICANT) WAS ACKNOWLEDGED BEFORE ME THIS

_____ DAY OF _____ (MONTH), _____ (YEAR), BY

_____ (NAME OF OFFICER OR AGENT, TITLE OR OFFICER OR AGENT) OF

_____ (NAME OF ENTITY).

PRODUCED IDENTIFICATION _____

TYPE OF ID AND NUMBER ON ID _____

(Seal)

SIGNATURE OF NOTARY

NAME OF NOTARY

NOTARY PUBLIC, STATE OF _____

(Do not write below this line)

ENROLLMENT COMMITTEE RECOMMENDATION

APPROVE _____ DENY BECAUSE: _____

DATE: _____

SIGNED COMMITTEE CHAIRPERSON _____

GVC ACTION

APPROVE _____ DENY BECAUSE: _____

VOTE: _____ FOR; _____ AGAINST

DATE: _____

SIGNED GVC PRESIDENT _____