

CURYUNG TRIBAL COUNCIL

P.O. Box 216 – 715 Seward Street
Dillingham, AK 99576
Phone: (907)842-2384
Fax: (907)842-4510

APPLICATION FOR TRIBAL MEMBERSHIP

ATTACH A COPY OF BIRTH CERTIFICATE OF APPLICANT

GENERAL INFORMATION:

If applicant is under 18 years of age, this application must be filled out and signed by the parent(s) or guardian(s) & provide proof of guardianship.

***REQUIRED INFORMATION OR INDICATE N/A**

* FULL NAME: _____ * SOCIAL SECURITY #: _____

* BIRTH DATE: _____ * BIRTHPLACE: _____ * SEX: MALE FEMALE

* MAILING ADDRESS: _____ * PHYSICAL ADDRESS: _____

* CITY/STATE/ZIP: _____

* PHONE #: _____ * EMAIL: _____

* CULTURAL AFFILIATION: Yup'ik Alutiiq Dena'ina Inupiaq Unangan Sugpiaq
 Other: _____

IF MARRIED, NAME OF SPOUSE: _____

NAME OF NATURAL PARENTS:

* MOTHER'S NAME: _____ * DOB: _____ * DECEASED: Y N

MOTHER'S MAIDEN NAME: _____ x

* TRIBE: _____ * TRIBAL #: _____

* FATHER'S NAME: _____ * DOB: _____ * DECEASED: Y N

* TRIBE: _____ * TRIBAL #: _____

ADOPTION INFORMATION (If applicable) *If the applicant was adopted, birth information must be provided as well as certified.*

ADOPTED MOTHER: _____ DOB: _____ DECEASED: Y N

TRIBE: _____ TRIBAL #: _____

ADOPTED FATHER: _____ DOB: _____ DECEASED: Y N

TRIBE: _____ TRIBAL #: _____

GRANDPARENTS:

* MOTHER'S MOTHER: _____ * DOB: _____ * DECEASED: Y N

MATERNAL GRANDMOTHER'S MAIDEN NAME: _____

* TRIBE: _____ * TRIBAL #: _____

* MOTHER'S FATHER: _____ * DOB: _____ * DECEASED: Y N

* TRIBE: _____ * TRIBAL #: _____

GRANDPARENTS: (Continued)

*FATHER'S MOTHER: _____ *DOB: _____ *DECEASED: Y N

PATERNAL GRANDMOTHER'S MAIDEN NAME: _____

*TRIBE: _____ *TRIBAL #: _____

*FATHER'S FATHER: _____ *DOB: _____ *DECEASED: Y N

*TRIBE: _____ *TRIBAL #: _____

*Is the applicant enrolled in any other American Indian or Alaska Native Tribe? YES NO

*TRIBAL NAME: _____

*ADDRESS: _____

Dual enrollment is strictly prohibited per the Curyung Tribal Constitution

I solemnly swear that the above information is true and correct to the best of my knowledge.

_____ *DATE: _____

*Applicant's Signature
(If under 18, parents/guardian sign below)

_____ Applicant's Mother/Guardian _____ Print

_____ Applicant's Father/Guardian _____ Print

Please note that if both parents are listed on the birth certificate both parents need to sign in front of Notary or application will be deemed incomplete

NOTARY

State of: _____ City/County of: _____

Subscribed and sworn to (or affirmed before me on this _____ day of _____, 20 _____,

by _____, proved to me based on satisfactory evidence to be the person(s) who appeared before me.

My commission expires: _____ Signature

(SEAL)

SECOND NOTARY (If applicable)

State of: _____ City/County of: _____

Subscribed and sworn to (or affirmed before me on this _____ day of _____, 20 _____,

by _____, proved to me based on satisfactory evidence to be the person(s) who appeared before me.

My commission expires: _____ Signature

(SEAL)

Curyung Tribal Council - Enrollment Eligibility



Family Ancestry Chart

Applicant
 DOB: _____
 Siblings: _____

Natural Father
 DOB: _____
 Tribe: _____
 Tribal#: _____
 Siblings: _____

Natural Mother
 DOB: _____
 Tribe: _____
 Tribal#: _____
 Siblings: _____

Grandfather
 DOB: _____
 Tribe: _____
 Tribal#: _____

Grandmother
 DOB: _____
 Tribe: _____
 Tribal#: _____

Grandfather
 DOB: _____
 Tribe: _____
 Tribal#: _____

Grandmother
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandfather
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandmother
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandfather
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandmother
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandfather
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandmother
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandfather
 DOB: _____
 Tribe: _____
 Tribal#: _____

Great-Grandmother
 DOB: _____
 Tribe: _____
 Tribal#: _____