

**Curyung Tribal Council
P.O. Box 216 – 531 D Street
Phone: (907) 842-2384
Fax: (907) 842-4510**

APPLICATION FOR TRIBAL MEMBERSHIP

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

General Information:	
Name: _____	Social Security #: _____
Address: _____	
Sex: <u> M </u> <u> F </u>	Birth date: _____ Birthplace: _____
Phone #: _____	
If married, Name of Spouse: _____	

Name of Natural Parents:	Tribe:
Mother: _____	_____
Father: _____	_____

Grandparents:	Tribe:
Mother's Mother: _____	_____
Mother's Father: _____	_____
Father's Mother: _____	_____
Father's Father: _____	_____

If Applicant enrolled in any other American Indian or Alaska Native Tribe?

Yes _____ NO _____

Tribal Name: _____

Address: _____

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

\_\_\_\_\_  
Applicant's Signature  
(If under 18, parents sign below)

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Mother/Guardian

\_\_\_\_\_  
Applicant's Father/Guardian

**\*Attach copy of Birth Certificate**

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TRIBAL OFFICE USE ONLY:

Received date: _____

By: _____

Temporary CTC M# _____

Assigned: Tribal # CTC – M _____

Date approved by Council: _____

Tribal Chief: _____

Family Ancestry Chart

