



Curyung Tribal Council

P.O. Box 216 – 390 West D. Street

Dillingham, Alaska 99576

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: ___ M ___ F Birth Date: _____ Birthplace: _____ Phone #: _____

If married, Name of Spouse: _____

Name of Natural Parents:	Tribe:	Tribal #:	DOB:
Mother: _____	_____	_____	_____
Father: _____	_____	_____	_____

Adoption Information (If applicable):	Tribe:	Tribal #:	DOB:
Adopted Mother's: _____	_____	_____	_____
Adopted Father's: _____	_____	_____	_____

Grandparents:	Tribe:	Tribal #:	DOB:
Mother's Mother: _____	_____	_____	_____
Mother's Father: _____	_____	_____	_____
Father's Mother: _____	_____	_____	_____
Father's Father: _____	_____	_____	_____

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

_____ YES _____ NO Tribal Name: _____

Address: _____

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

Applicant's Signature

Date

***Attach a copy of the Birth Certificate of Applicant**

(If under 18, parents sign below)

Applicant's Mother/Guardian

Applicant's Father/Guardian

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.

Curyung Tribal Council - Enrollment Eligibility



Family Ancestry Chart

Applicant	Natural Father DOB: _____ Tribe: _____ Tribal#: _____ Fathers Siblings: _____ _____ _____ _____	Grandfather Tribe: _____ Tribal #: _____	Great-Grandfather Tribe: _____ Tribal #: _____
	Grandmother Tribe: _____ Tribal #: _____	Great-Grandmother Tribe: _____ Tribal #: _____	
	Natural Mother DOB: _____ Tribe: _____ Tribal#: _____ Mothers Siblings: _____ _____ _____ _____	Grandfather Tribe: _____ Tribal #: _____	Great-Grandfather Tribe: _____ Tribal #: _____
	Grandmother Tribe: _____ Tribal #: _____	Great-Grandmother Tribe: _____ Tribal #: _____	