



CRAIG TRIBAL ASSOCIATION

P.O. Box 828
Craig, Alaska 99921
Phone: 907.826.3996
Fax: 907.826.3997

Date: _____

Dear Applicant(s):

Thank you for inquiring about membership with the Craig Tribal Association. Please find enclosed an enrollment application(s).

The following is necessary for completion of your application:

- Original State Certified Copy Birth Certificate [listing the parent(s)].
- Photocopies of birth certificate are not accepted; unless birth card list parents.
- Check Natural or Adopted. If you do not mark this section of the application, the application will be returned to you for completion.
- If you are adopted, we need your amended and pre-adoptive birth certificates.
- Proof to show that you are a direct descendent of a current or base roll tribal member.
- If you're not a direct descendent of a current or base roll tribal member, then a copy of current utility bill is needed for proof of residency. There is a 90-day minimum residency requirement.
- Family Tree completed to the best of your knowledge (included in application).
- Please remember to sign and date the application.
- A telephone/message number is recommended.

IF ANY PART OF THE APPLICATION IS INCOMPLETE, THE APPLICATION WILL BE MAILED BACK TO YOU FOR COMPLETION. If you would like help completing your application(s), please call 907-826-

3996. We are more than happy to assist you.

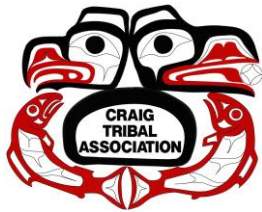
Once we receive your completed enrollment application, all applications will be verified and submitted to the Tribal Council for certification. Once the Tribal Council certifies the applicant's application for membership, a letter will be mailed to you within 60 days. If an application is denied for whatever reason, a letter will be mailed to the applicant promptly with the reasoning behind the denial. The applicant shall then have the opportunity to go through an appeal process.

Sincerely,

Clinton E. Cook Sr.

Tribal President

NOTICE OF FALSE OR MISLEADING INFORMATION: If any statements are proven to be misleading or false, penalties may include; delay, disenrollment, criminal or civil charges filed against provider.
PRIVACY ACT NOTIFICATION: All enrollments will remain confidential.



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FULL NAME: _____

OTHER NAMES USED (MAIDEN, ETC.): _____

MAILING ADDRESS _____ PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

(A COPY OF CURRENT UTILITY BILL IS REQUIRED TO DEMONSTRATE RESIDENCY IF NOT A DIRECT DESCENDENT OF A CURRENT OR BASE ROLL MEMBER)

TELEPHONE #: _____ SOCIAL SECURITY #: _____ / _____ / _____

SEX: ___ MALE ___ FEMALE BIRTHDATE: _____ / _____ / _____

TLINGIT _____ HAIDA _____ OTHER _____

PLEASE INDICATE: ___ NATURAL CHILD ___ ADOPTED CHILD

ARE YOU CURRENTLY ENROLLED IN A FEDERALLY RECOGNIZED TRIBE (OTHER THAN TLINGIT-HAIDA CENTRAL COUNCIL) YES _____ NO _____ (IF YES, YOU MUST PRESENT PROOF OF RELINQUISHMENT)

| |
|--|
| APPLICATION FILED BY: ___ PARENT ___ *SPONSOR ___ SELF |
| NAME OF PERSON FILING APPLICATION: _____ |
| MAILING ADDRESS: _____ |
| RELATIONSHIP TO APPLICANT: _____ |

ONE OR MORE OF THE FOLLOWING DOCUMENTS IS REQUIRED FOR VERIFICATION: INCOMPLETE APPLICATIONS WILL BE PROMPLY RETURNED

___ COPY OF CERTIFIED BIRTH CERTIFICATE (Listing one or both parents) BIRTH CARD NOT ACCEPTABLE

___ PATERNITY PAPERS (If native parent is not on birth certificate)

I hereby certify that the statements given for the purpose of Craig Tribal Association enrollment are correct and true.

SIGNATURE

DATE

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