

Craig Tribal Association P.O. Box 828 Craig, AK 99921

PH: (907)826-3996 Fax: (907)826-3997

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 <u>not</u> 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

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CRAIG TRIBAL ASSOCIATION

P.O. Box 828

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FULL NAME:								
OTHER NAMED USED (MAIDEN, ETC.):								
MAILING ADDRESS								
RESIDENTIAL ADDRESS								
(A COPY OF CURRENT UTILITY BILL IS R DESCENDENT OF A	EQUIRED TO DEMONSTRATE RES A CURRENT OR BASE ROLL MEMBI							
CITY	STATE	ZIP						
TELEPHONE NO:	SOCIAL SECURITY NO:							
SEX: MALEFEMALE BIRTHDATE:								
TLINGIT HAIDA OTHER								
PLEASE INDICATE: NATURAL CHILD ADOPTED CHILD								
APPLICATION FILED BY: PARENT	*SPONSOR SELF	•						
NAME OF PERSON FILING APPLICATION:								
MAILING ADDRESS:								
RELATIONSHIP TO APPLICANT:								
ONE OR MORE OF THE FOLLOWING DOI INCOMPLETE APPLICATIONS WILL BE PROPERTY.		ERIFICATION:						
A CERTIFIED BIRTH CERTIFICATE (Listing one	e or both parents) PHOTO COPIES AND B	IRTH CARD NOT ACCEPTABLE						
PATERNITY PAPERS (If native parent is not or								
I hereby certify that the statements given for the pu	rpose of Craig Tribal Association enrol	lment are correct and true.						
SIGNATURE	DATE							

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.

	Bro/Sis:	Birthdate: Birthplace: Tribe/Blood Degree:		Natural Father: Roll No: Birthdate: Birthplace: Tribe/Blood Degree: Bro/Sis: Bro/Sis:						 Please indicate if other parent is Non-Native; or if parent is not the natural parent(s). 					
	Blood Degree	Mother:				Blood Degree			Blood Degree	Mother:			Blood Degree	Father:	
	Roll No.					Roll No.			Roll No.	:			Roll No.		
Blood Degree	Mother:	Blood Degree	Father:	Blood Degree	Mother:	Blood Degree	Father:	Blood Degree	Mother:	Blood Degree	Father:	Blood Degree	Mother:	Blood Degree	Father:
Roll No.		Roll No.		Roll No.		Roll No.		Roll No.		Roll No.		Roll No.		Roll No.	