# New CCA Logo.jpg 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

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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

