

**Tribal Enrollment Information Needed.**

*To: Tribal Member Enrollee*

*From: Stebbins Community Association*

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

*Sub: Required Documents Needed*

*Please submit the following documents to complete your Tribal Enrollment Application to the Stebbins Community Association:*

*Copies of Birth Certificate*

*Copies of Social Security Card*

*Tribal Adoptions take place during the IRA Tribal Council regular meetings.*

*If you have any questions please call the IRA Office at (907)934-3561.*

**STEBBINS COMMUNITY ASSOCIATION**

**IRA COUNCIL  
P.O. box 71008  
Stebbins, Alaska 99671  
Ph. (907)934-3561/(907)934-3560**

**APPLICATION FOR TRIBAL ENROLLMENT**

Applicant's Full Legal Name: \_\_\_\_\_

Alaska Native, Indian, Maiden or Other Name by which known:  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip

Date of Birth Place of Birth Social Security  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Ancestor on base roll (or ANCSA roll) through whom enrollment rights are claimed: (if known)  
Name: \_\_\_\_\_ Roll No: \_\_\_\_\_ Relationship: \_\_\_\_\_

**DEGREE OF NATIVE BLOOD CLAIMED**

Alaska Native Other (give degree & Tribe) Total degree of Native Blood

Is either of your parents enrolled as a member of another Tribe?  Yes  No  
If yes, which parent and which Tribe? \_\_\_\_\_

Is applicant and adopted child?  Yes  No

Is applicant enrolled with another Tribe?  Yes  No

Is applicant a direct lineal descendant of a member of the Tribe?  Yes  No

**COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH APPLICATION FORM.**

Signature of adult or sponsor \_\_\_\_\_

Date \_\_\_\_\_

If sponsored application, relationship of sponsor to applicant: \_\_\_\_\_