

Native Village of Council
P.O. Box 2050 Nome, Alaska 99762
Phone: (907) 443-7649 Fax: (907) 443-5965

APPLICATION FOR LINEAL MEMBERSHIP

Applicant's Full Name: _____

Mailing Address: _____

Date of Birth: ____/____/____ Place of Birth: _____

E-Mail Address: _____

Ancestor(s) on Base Roll through whom enrollment rights are claimed:

Name	Relationship
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Is applicant enrolled with ANOTHER Tribe/Village: Yes ___ No ___

If YES, Name of tribe/village: _____

Is either of the applicant's parents enrolled as members of another tribe?

Yes ___ No ___

If YES, which parent and what Tribe: _____

**COPY OF BIRTH CERTIFICATE/OTHER PROOF OF BIRTH AND PARENTAGE
FAMILY TREE (See second page) MUST BE SUBMITTED WITH APPLICATION
FORM.**

AFFIDAVIT: I understand the decision on membership to the Native Village of Council will be made by the Council Traditional Council and within ninety (90) days of filing an application I will be notified of the Council's decision.

Signature of adult applicant
or guardian of applicant

Date Signed

If sponsored application, relationship to applicant: _____

Date Reviewed by Tribal Council _____

Approved _____ Denied _____ Notification to applicant _____

Native Village Of Council

Family Tree Chart for:

