



## **NATIVE VILLAGE OF GAMBELL**

**PO BOX 90 • GAMBELL, ALASKA 99742**

**Telephone: (907) 985-5346 • FAX: (907) 985-5014**

### **TRIBAL ENROLLMENT**

#### **RULES AND REGULATIONS**

**\*Documents required:** copy of original Birth Certificate or Certificate of Baptism, Social Security card, BIA card (card from Juneau), and when applicable – Marriage licenses or Adoption records. Any other records with proof of identity will be gladly accepted.

- ❖ You need to have at least  $\frac{1}{4}$  Native Blood to be considered for enrollment
- ❖ Dual Membership for adults, 18 years of age and older, is not permitted. Dual enrollment is permitted for children under the age of 18. Children who are lineal descendants of members shall be tribal members even if they are not formally enrolled, and may not be dis-enrolled from the Tribe for any reason by anybody. You cannot be tribally enrolled elsewhere: You can be a shareholder elsewhere and be tribal member of Gambell.
- ❖ **Biological Ancestry must be used:** If you do not know a biological parent's name and or they are not recorded on your original birth certificate, it will be assumed that the parent does not possess any native blood and will therefore count as having zero native blood.
- ❖ Relinquishment forms are available if one wishes to terminate his/her enrollment either in Gambell or elsewhere. If you are enrolled elsewhere but wish to be enrolled to Gambell, you can fill out a relinquishment for and the application process can begin and vice versa.

If you don't have copies of your Social Security card, Birth Certificate, Marriage License, BIA card, please feel free to ask the Tribal Enrollment Officer for applications.

Thank you for your understanding.



NATIVE VILLAGE OF GAMBELL  
APPLICATION FOR ENROLLMENT

(Must include a copy of birth certificate, social security card, proof of native blood with this application)

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

Name: \_\_\_\_\_  
Last Middle First

Maiden Name: \_\_\_\_\_ Degree of Native Blood Claimed \_\_\_\_\_

Yupik/Native Name: \_\_\_\_\_ Clan Name: \_\_\_\_\_  
\*\*\*\*\*

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

County/Borough: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Mess: \_\_\_\_\_ Confidential Y or N

Email Address: \_\_\_\_\_ (optional)  
\*\*\*\*\*

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Name of Hospital \_\_\_\_\_  
\*\*\*\*\*

(For Adults) Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Eyes \_\_\_\_\_ Hair \_\_\_\_\_

(For Adults) Are you a registered voter: Y or N  
\*\*\*\*\*

Social Security Number: \_\_\_\_\_

Head of Household:  Yes  No Gender:  M  F Marital Status:  Single  Married

Is applicant an adopted child?  Yes  No If yes, name of Biological Parent(s) \_\_\_\_\_

Is applicant a direct lineal descendant of a member of the tribe?  Yes  No   
Ancestor on base roll (or ANCSA roll) through whom enrollment rights are claimed.

Is either of the parents enrolled in another tribe?  Yes  No   
If yes, which parent and what tribe? \_\_\_\_\_

Signature of Applicant or Sponsor if applying for a child \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Minor \_\_\_\_\_  
\*\*\*\*\*

**OFFICE USE ONLY**

Relationship to Applicant: \_\_\_\_\_ Name/Roll No. \_\_\_\_\_

Name of Birth Parents: \_\_\_\_\_

(ALL DOCUMENTS WILL BE KEPT CONFIDENTIAL)

