Date Received



FLIN'AQ TRIBE OF KODIAKAPPLICATION FOR SUN'AQ TRIBAL MEMBERSHIP ENROLLMENT

1. Applicant's Full Name	
2. Other Names/AKA/Maiden	
3. Mailing Address	
4. Street Address	
5. City, State, Zip	
6. Phone Number	Message Number
7. Cell Phone	E-mail Address
8. Social Security Number	ANCSA Regional Corp Number
9. Date of Birth	Place of Birth
10. GenderMale () female () Ma Head of Household Yes No	arital Status: Single, Divorced, Married, Separated, Widow
11. Degree of Indian Blood: Alutiiq' Degree and Tribe)	Other:(Give
12. Are you an adopted child? (Yes () No) ()
13. Are you currently or have you ever been Yes () No ()	n enrolled in another Native American or Alaska Native Tribe?
14. If so, name:	
15. If you are currently or were previously e membership? Yes () No ()	enrolled in any other tribe, have you relinquished you
AND you have answered yes to questio will be pending, contingent upon your oprovide proof of disenrollment to the S	uments that qualify you to join the Tribe (listed on page 3) in 13 (you are a member of another tribe) your application disenrollment from the other tribes(s). You will need to un'aq Tribe of Kodiak in order to complete the enrollment allow for dual enrollment. There is no need to disenroll until

notified by STK of your eligibility to become a member. 17. Are you currently or have you previously received services from any other federal program(s) or from any other tribe? Yes () No () 18. If so, please list: (i.e. Higher education, adult vocational training, direct employment assistance, general assistance, housing assistance, community service block grant) 19. Are you / parents a member of ANCSA Village Corporation? Yes () No () 20. If so, name:_____ 21. Are you / parents a member of any ANCSA Regional Corporation? Yes () No () 22. If so, name: 23. How long have you lived in Kodiak? SUPPORTING DOCUMENTATION NEEDED TO COMPLETE THIS APPLICATION ORIGINAL BIRTH BIOLOGICAL BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH ➤ ORIGINAL ADOPTION BIRTH CERTIFICATE OR ORIGINAL ADOPTION DECREE IF ADOPTED ➤ COPY OF DEGREE OF INDIAN BLOOD FAMILY TREE SHOWING PARENTAGE. TRIBAL AFFILIATION AND BLOOD DEGREES PROOF OF RELINQUISHMENT IF PREVIOUSLY ENROLLED MEMBER OF ANOTHER TRIBE OR STATEMENT OF NOT BEING ENROLLED TO ANY OTHER TRIBE. Under penalty of perjury or unsworn falsification, I certify that the statements on the application are true and correct to the best of my knowledge. Applicant signature Date signed If sponsored application, Relationship of sponsor to applicant signature of adult sponsor

after the Enrollment Committee has reviewed and approved your application and you have been

Note: Please mail application (s) to the Sun'aq Tribe of Kodiak. Do not fax or email. We must have the original signatures and birth certificates.

Check List for Member File Completeness (OFFICE USE ONLY)

Does the Applicant for Membership have on file the following?

Initial here	Complete Application
	Complete Name (Full Name, AKA, Maiden Name)Current Address and Phone NumberSocial Security Number
Initial here	Supporting Documentation Original Birth Certificate (DOB and place of birth) Baptismal Record, Adoption Birth Certificate or Adoption Decree Family Tree (Parentage, Tribal Affiliation & Degree of Blood) Certificate Degree of Indian Blood Certificate/Letter of Relinquishment – if previously a member of any other Alaska Native or Native American Tribe
_	RECOMMENDATION OF ENROLLMENT COMMITTEE
	: Lineal Descendent of base roll member New Member – resident
Pending Reas	on:
Reject: Reason:	
	Committee Chairperson:
/ \Amman / \	ACTION BY COUNCIL
() Approve ()	Reject Reason:
	Vote:Against Date of Council Meeting:
	n rejected by the Enrollment Committee, please attach comment for reason.
	n rejected by the Sun'aq Tribe of Kodiak Council, please attach meeting minutes

(# 16) Revised 06/2013 by Enrollment Committee CIB requirements changed by Council 2014

