



SUN'AO TRIBE OF KODIAK

312 West Marine Way
Kodiak, Alaska 99615
(907) 486-4449, Fax (907) 486-3361

Application No. _____
Date Received: _____

APPLICATION FOR SUN'AO 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. Gender - Male () female () Marital Status: *Single, Divorced, Married, Separated, Widow*
Head of Household *Yes No*
11. Degree of Indian Blood: Alutiiq' _____ Other: _____ (Give degree and Tribe)
12. Are you an adopted child? Yes () No ()
13. Are you currently or have you ever been enrolled in another Native American or Alaska Native Tribe?
Yes () No ()
14. If so, name: _____
15. If you are currently or were previously enrolled in any other tribe, have you relinquished your membership? Yes () No ()
16. If you have the supporting documents to qualify you to join the Tribe and you have answered yes to question 13 your application will be pre-approved. In order to complete the enrollment process you will need to provide proof of disenrollment from the other Tribe because the STK Constitution does not allow dual enrollment. There is no need for you to disenroll before the pre-approval.

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 block grant)
19. Are you / parents a member of any 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
- ORIGINAL CERTIFICATE 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 made on the application are true and correct to the best of my knowledge.

Applicant Signature

Date Signed

If sponsored application, Signature of Adult Sponsor

Relationship of Sponsor to Applicant

Check List for Member File Completeness

Does the Applicant for Membership have on file:

_____ Complete Application

_____ Complete Name (Full Name, AKA, Maiden Name)

_____ Current Address and Phone Number

_____ Social Security Number

_____ 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

Approve *Justification:* Lineal Descendent of base roll member New Member – resident

Pending Reason: _____

Reject Reason: _____

Dated: _____ Committee Chairperson: _____

ACTION BY COUNCIL

() Approve () Reject Reason: _____

Vote: _____ For Vote: _____ Against Date of Council Meeting: _____

.....
Office Use Only: Date Certificate / Member Card Issued: _____ Member # _____
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If application has been rejected by the Enrollment Committee, please attach comment for reason.

If application has been rejected by the Sun'aq Tribe of Kodiak Council, please attach meeting minutes reflecting decision.

Revised 02/09/2011

Father

Mother

Grandfather

Grandmother

Grandfather

Grandmother

G-Grandfather

G-Grandmother

G-Grandfather

G-Grandmother

G-Grandfather

G-Grandmother

G-Grandfather

G-Grandmother

