

STC ENROLLMENT APPLICATION PACKET

Everyone seeking membership must meet the qualifications of the STC Tribal Membership Constitution.

MEMBERSHIP TYPES

1. **BASE ROLL MEMBERSHIP**

Must show proof of connection to our base roll membership list.

2. **JURISDICTIONAL MEMBERSHIP**

Open to all Alaska Natives and American Indians living in the Skagway area.

3. **HONORARY MEMBERSHIP**

Only given by nominations from the Tribal Council.

CHECKLIST

- ✓ **Completed Application & Family Tree**
- ✓ **Release of Information**
- ✓ **Copy of all Birth Certificates**
- ✓ **Copy of CDIB (Certificate Degree of Indian Blood)**
(We do accept photocopies or faxed birth certificates, CDIBs, or applications.)
- ✓ **Paternity Papers are needed if Native parent is not on the birth certificate**
- ✓ **Completed family tree**
- ✓ **Be sure to have a telephone number, cell phone number, and/or e-mail address**

APPLICATION PROCESS

Once we have received your completed enrollment application, it will be reviewed and then presented to the council for acceptance.

- **Enrollment application accepted**
- **Follow up by enrollment clerk as needed**
- **Council members review applications**
- **Application is either accepted or denied**
- **If accepted, certificate with member number is issued**
- **Letter is issued for acceptance or denial**
- **New member is added to Tribal Enrollment List**

Incomplete Applications will not be accepted!

ENROLLMENT APPLICATION

SKAGWAY TRADITIONAL COUNCIL



NEW ENROLLMENT RE-ENROLLMENT UPDATE ENROLLMENT INFO DATE _____

SECTION 1 APPLICANT INFORMATION

Enrollment Number _____ **Enrollment Date** _____ **Phone Number** () _____ - _____
(Leave Enrollment Number Blank) **Cell Number** () _____ - _____

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Maiden Name: _____ **AKA Name (also known as)** _____

Marital Status: Single Married Widowed Divorced Separated **Sex:** Male Female

Date of Birth: / / **Place of Birth** _____ **Number in Household:** _____ **Veteran:** Yes
No

Email Address _____

Primary Address: _____ City _____ State _____ Zip Code _____

Alternate Address: _____

How long have you lived in Skagway? _____ (If less than one-year answer question below)

Prior address _____

Preferred contact method:

Primary Address during () Alternate during () Email Home Phone Cell Phone
TEXT

SECTION 2 ENROLLMENT APPLICATION

Degree of Native Blood _____ **Degree of other Blood** _____ (A Certificate of blood must be provided)

Moiety _____ **Clan House** _____ **Other Tribal information** _____

STC Base Enrollee: Yes No Descendant

Regional Corporation: _____

Is Applicant enrolled with any other Tribe? Yes No If yes, which tribe? _____

SECTION 3 BIRTH PARENT INFORMATION

Birth Mother's Maiden Name: _____ **Date of Birth:** _____

Maiden/Other Name(s): _____ **Tribe Enrolled:** _____

Birth Father's Name: _____ **Date of Birth:** _____ **Tribe Enrolled:** _____

SECTION 4 ADOPTION INFORMATION

Adoption: Yes No

Adoptive Mother's Name: _____ **DOB** _____

Adoptive Father's Name: _____ **DOB** _____

SECTION 5 (OPTIONAL) This section helps us apply for funding and or bring relevant resources to you.

Employed: Yes No Retired **Job Title:** _____ **Years of Experience:** _____

If unemployed, are you available for work? Yes No

Education (Circle One) Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 H.S. Graduate GED: Yes No N/A

Trade School Certificate: Yes No N/A **Date Earned:** / / **Area of Study**

2 Yr. College Degree: Yes No N/A **Date Earned:** / /
Major _____

4 Yr. College Degree: Yes No N/A **Date Earned:** / /
Major _____

Masters or Graduate School: Yes No N/A **Date Earned:** / /
Major _____

Do you have a Disability? Yes No **If yes, please state your type of disability**

Comments to enrollment clerk:

A copy of a Birth Certificate, Baptismal Record, or other Proof of Birth and a Certificate of Indian Blood, release of information, and if applicable a Marriage certificate must be submitted with the application. By not submitting required documents your application will be considered incomplete.

If your application is denied you have the right to appeal the decision, your request MUST be made in writing with in thirty calendar days from the date of the notice to STC's Executive Director.

SECTION 6 CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and that false or misleading information can result in the denial of my application for membership. Furthermore, I understand that the completion of this application does not guarantee my enrollment as a member of Skagway Village (dba Skagway Traditional Council).

Signature: _____ **Date:** _____

Printed Name _____

(If applicant is a minor state relationship)

Relationship: _____ **Phone Number:** _____ **Email** _____

***** FOR OFFICE USE ONLY *****

New Enrollee Status: Base Roll Jurisdictional Honorary

Application Status: Approved Disapproved

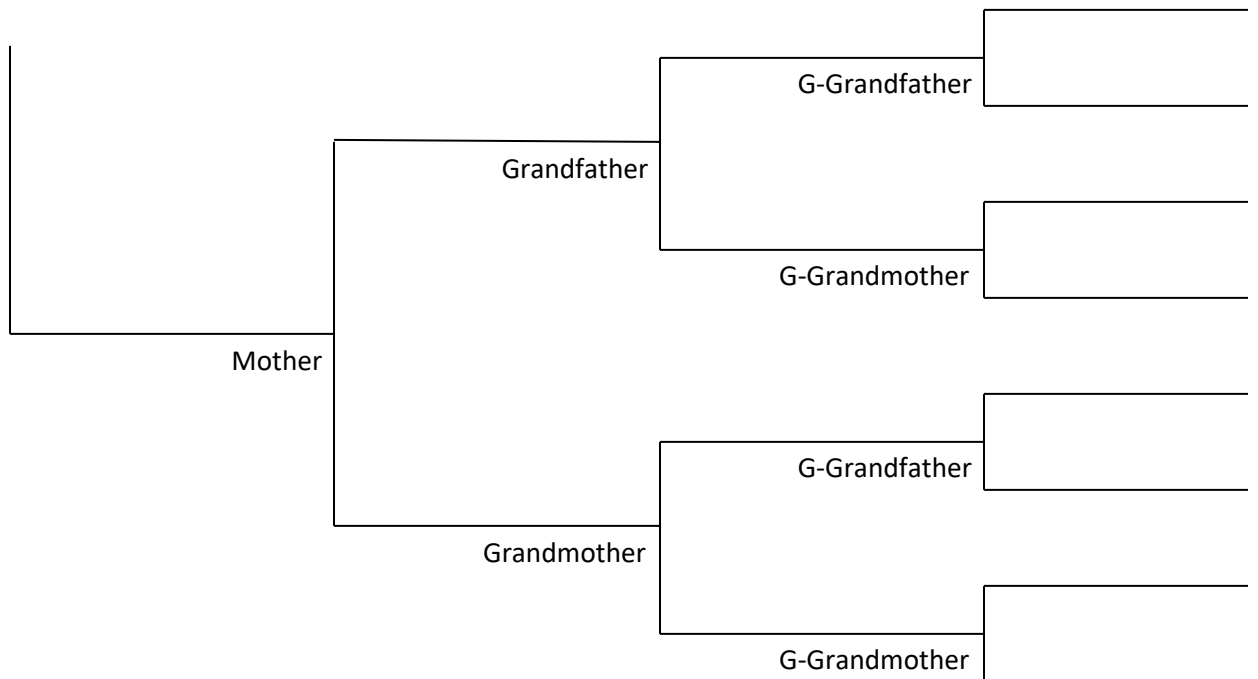
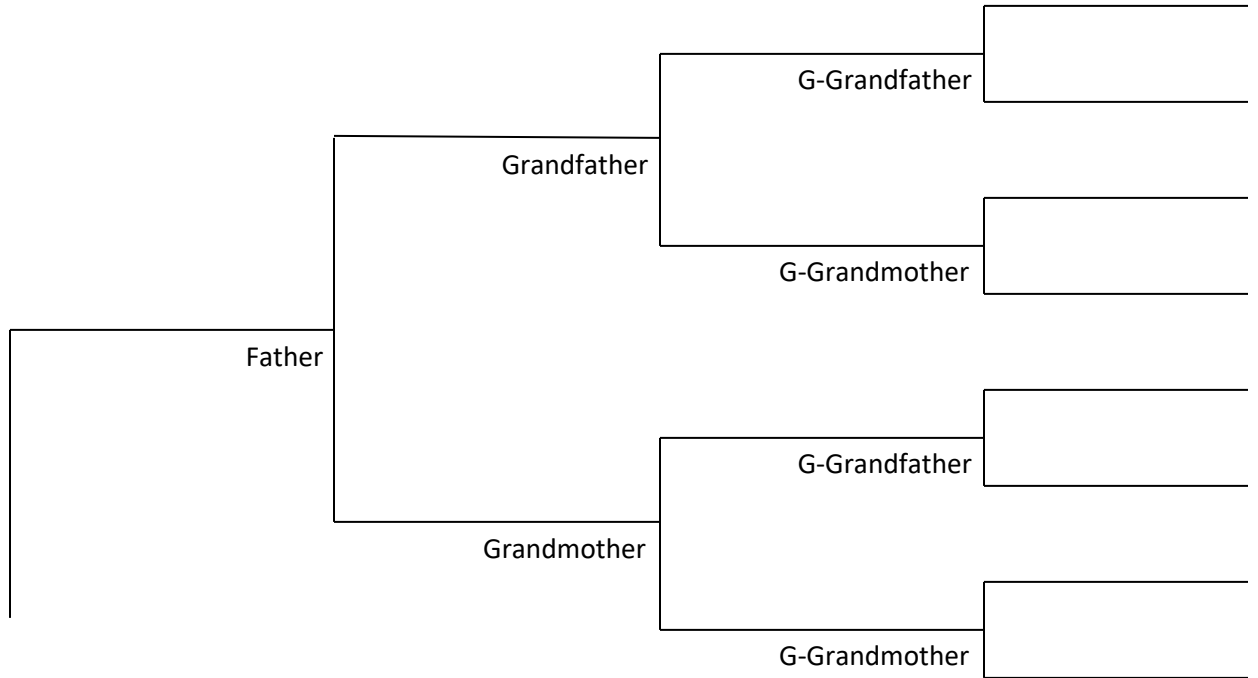
Approved or Disapproved by _____ Date _____

Voter Status: Yes No If Deceased Date of Death: / /

Please complete the Family Tree to the best of your knowledge

Skagway Village (DBA Skagway Traditional Council)

Family Tree Chart for:



RELEASE OF INFORMATION

SKAGWAY TRADITIONAL COUNCIL



I, the undersigned, being of legal age of eighteen (18) years of age or older, voluntarily give my consent to release the following information or records about myself and/or my minor child to the Skagway Traditional Enrollment Department.

- Enrollment information on myself (Name, DOB, Enrollment #, Blood Quantum)
- Enrollment information on my minor child (as a custodial parent or guardian)

Print Name of Minor Child

_____	DOB	_____
_____	DOB	_____
_____	DOB	_____
_____	DOB	_____
_____	DOB	_____

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in manner so deemed appropriate by the Skagway Traditional Council Enrollment Department. I also agree to hold harmless the Skagway Traditional Council Enrollment Personnel and the Skagway Traditional Council for any claims or injury that may occur as a result of the release of this information.

Signature

Date

Printed Name

Relationship if not a parent or guardian of the above listed minors

THIS DOCUMENT IS INDEFINITE AND IS FOR ENROLLMENT, OR USE FOR APPLICATION OF FUNDING PURPOSES ONLY