



Date Rec'd _____

Initials _____

The Suquamish Tribe Application for Membership

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Email Address (optional) _____

Social Security: _____ - _____ - _____

Gender (please check): Male

Female

Date of Birth: _____ Place of Birth: _____ State: _____

Hospital Name _____

▪ Is the Applicant or biological parent(s) a member of another Tribe, Band or Nation? Yes No

▪ If yes, Applicant's Tribe _____

Mother's Tribe _____ Father's Tribe _____

▪ Is this a Federally Recognized Tribe: Applicant: Yes No

Mother: Yes No

Father: Yes No

Have you ever been dis-enrolled or relinquished from another tribe, if so why? _____

If you are not eligible under regular membership requirement, is application being made to be adopted into tribe?

Yes No Please note: One Quarter (1/4) Indian Blood Required under Adoption Regulations

Note: If you were born prior to the implementation of the Indian Child Welfare Act of 1978, were you involuntarily removed from the tribal community and adopted away from your biological family? If so, documentation will be required about relative identified on the 1942 Base Roll.

Required Documentation (automatics and adoptions):

- State Birth Certificate (original or Certified Copy will be copied and returned) ~~ REQUIRED DOCUMENT
(Hospital Certificate not accepted as legal document)
- Copy of Social Security Card ~~ REQUIRED DOCUMENT
- Family Tree Form (attached) Fill out to the best of your ability
- DNA Test (Biological Parent(s) contributing Native Blood) TRIBE RESPONSIBILITY

My Relationship to applicant is

- Self
- Parent
- Guardian (provide legal documentation)

I hereby declare that the information supplied in this application is correct to the best of my knowledge. I acknowledge that I am aware this application will be null and void if it is proven I have given false or fraudulent information and could result in disenrollment from the Suquamish Tribe

Signatures of biological parent(s) are required if under the age of 18. **All signatures must be notarized.**

Applicant

Date

Biological Mother

Date

Biological Father

Date

State of _____,
County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(SEAL)

Notary Signature

Notary Printed Name

Notary Public in and for the State of _____
My appointment expires: _____

Applicant
Name _____
Tribe _____
DOB _____

Mothers (Maiden Name)
Name _____
Tribe _____
DOB _____

Grandmother (Maiden name)
Name _____
Tribe _____
DOB _____

Grandfather
Name _____
Tribe _____
DOB _____

Father
Name _____
Tribe _____
DOB _____

Grandmother (Maiden name)
Name _____
Tribe _____
DOB _____

Grandfather
Name _____
Tribe _____
DOB _____