



IGIUGIG TRIBAL VILLAGE COUNCIL

A.K.A. Igiugig Village Council

P.O. Box 4008

Igiugig, AK 99613

Phone: (907) 533-3211 Fax: (907) 533-3217

www.igiugig.com

e-mail: igiugig.vc@gmail.com

APPLICATION FOR TRADITIONAL TRIBAL MEMBERSHIP

If applicant is under 18 years of age, this application should be filled out and signed by the parents.

1. Full Legal Name: _____

2. Address: _____

3. Sex: _____ Birthdate: _____ Birth Place: _____
(provide a copy of your birth certificate)

4. Degree of Alaska Native Blood: _____ Other Native (Specify Tribe): _____
(provide a copy of your Certificate of Indian Blood (CIB) if available)

5. Social Security Number: _____ *(provide a copy of your card)*

6. Name of Spouse (if married): _____
(provide a copy of your marriage license)

7. Name of Natural Parents	Tribe	Native Blood Degree
Mother: _____	_____	_____
Father: _____	_____	_____

8. Grandparents

Mother's Mother: _____

Mother's Father: _____

Father's Mother: _____

Father's Father: _____

9. Is Applicant enrolled in any other Indian tribe? (circle one) Yes No

If yes, specify tribe: _____

Date your membership will be relinquish: _____ *(Igiugig does not accept dual enrollment)*

I solemnly swear that the above information is true and correct to the best of my knowledge.

_____ Date: _____

Applicant's Signature *(if under 18 parents sign at right)*

_____ Applicant's Mother

_____ Applicant's Father

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OFFICE USE

Received date: _____

Date approved by the Council: _____

By: _____

Resolution #: _____

Assigned: IVC-Member # _____

President: _____