

CURYUNG TRIBAL COUNCIL

P.O. Box 216 – 715 Seward Street
Dillingham, AK 99576
Phone: (907)842-2384
Fax: (907)842-4510

APPLICATION FOR TRIBAL MEMBERSHIP

ATTACH A COPY OF BIRTH CERTIFICATE OF APPLICANT

GENERAL INFORMATION:

If applicant is under 18 years of age, this application must be filled out and signed by the parent(s) or guardian(s) & provide proof of guardianship.

***REQUIRED INFORMATION OR INDICATE N/A**

*FULL NAME: _____ *SOCIAL SECURITY #: _____

*BIRTH DATE: _____ *BIRTHPLACE: _____ *SEX: ☐ MALE ☐ FEMALE

*MAILING ADDRESS: _____ *PHYSICAL ADDRESS: _____

*CITY/STATE/ZIP: _____

*PHONE #: _____ *EMAIL: _____

*CULTURAL AFFILIATION: ☐ Yup'ik ☐ Alutiiq ☐ Dena'ina ☐ Inupiaq ☐ Unangan ☐ Sugpiaq

☐ Other: _____

IF MARRIED, NAME OF SPOUSE: _____

NAME OF NATURAL PARENTS:

*MOTHER'S NAME: _____ *DOB: _____ *DECEASED: ☐ Y ☐ N

MOTHER'S MAIDEN NAME: _____ x

*TRIBE: _____ *TRIBAL #: _____

*FATHER'S NAME: _____ *DOB: _____ *DECEASED: ☐ Y ☐ N

*TRIBE: _____ *TRIBAL #: _____

ADOPTION INFORMATION (If applicable) *If the applicant was adopted, birth information must be provided as well as certified.*

ADOPTED MOTHER: _____ DOB: _____ DECEASED: ☐ Y ☐ N

TRIBE: _____ TRIBAL #: _____

ADOPTED FATHER: _____ DOB: _____ DECEASED: ☐ Y ☐ N

TRIBE: _____ TRIBAL #: _____

GRANDPARENTS:

*MOTHER'S MOTHER: _____ *DOB: _____ *DECEASED: ☐ Y ☐ N

MATERNAL GRANDMOTHER'S MAIDEN NAME: _____

*TRIBE: _____ *TRIBAL #: _____

*MOTHER'S FATHER: _____ *DOB: _____ *DECEASED: ☐ Y ☐ N

*TRIBE: _____ *TRIBAL #: _____

GRANDPARENTS: (Continued)

*FATHER'S MOTHER: _____ *DOB: _____ *DECEASED: ☐ Y ☐ N

PATERNAL GRANDMOTHER'S MAIDEN NAME: _____

*TRIBE: _____ *TRIBAL #: _____

*FATHER'S FATHER: _____ *DOB: _____ *DECEASED: ☐ Y ☐ N

*TRIBE: _____ *TRIBAL #: _____

*Is the applicant enrolled in any other American Indian or Alaska Native Tribe? ☐ YES ☐ NO

*TRIBAL NAME: _____

*ADDRESS: _____

Dual enrollment is
strictly prohibited
per the Curyung
Tribal Constitution

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/guardian sign below)

Applicant's Mother/Guardian

Print/Date

Applicant's Father/Guardian

Print/Date

Please note that if both parents are listed on the birth certificate both parents need to sign in front of Notary or application will be deemed incomplete

NOTARY (Mother/Self)

State of: _____ City/County of: _____

Subscribed and sworn to (or affirmed before me on this _____ day of _____, 20____,

by _____, proved to me based on satisfactory evidence to be the person(s) who appeared before me.

My commission expires: _____

(SEAL)

Signature

SECOND NOTARY(Father)

State of: _____ City/County of: _____

Subscribed and sworn to (or affirmed before me on this _____ day of _____, 20____,

by _____, proved to me based on satisfactory evidence to be the person(s) who appeared before me.

My commission expires: _____

(SEAL)

Signature

Curyung Tribal Council - Enrollment Eligibility



Family Ancestry Chart

*** Applicant**
 DOB: _____
 Siblings: _____

*** Natural Father**
 DOB: _____
 Tribe: _____
 Tribal#: _____
 Siblings: _____

*** Natural Mother**
 DOB: _____
 Tribe: _____
 Tribal#: _____
 Siblings: _____

*** Grandfather**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Grandmother**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Grandfather**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Grandmother**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandfather**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandmother**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandfather**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandmother**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandfather**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandmother**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandfather**
 DOB: _____
 Tribe: _____
 Tribal#: _____

*** Great-Grandmother**
 DOB: _____
 Tribe: _____
 Tribal#: _____