



LARSEN BAY TRIBAL COUNCIL

PHONE (907) 847-2207
FAX (907) 847-2307

PO BOX 50
LARSEN BAY
ALASKA 99624

APPLICATION FOR ENROLLMENT

Are you a Direct Lineal Descendant of a member already enrolled? _____

Name: _____

Applicants Full Name: _____

Maiden or Other Names Used: _____

Current Mailing Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone _____

Date of Birth: _____ Social Security # _____

Place of Birth: _____

Degree of Aleut Blood: _____

Degree of Other Indian/Native Blood: _____

REGIONAL CORPORATION ENROLLED TO: _____

Are either of your parents enrolled as a member of another tribe? _____

Mother's Tribe: _____ Degree: _____

Father's Tribe: _____ Degree: _____

Is applicant enrolled into another Tribal Council? _____

Name of Tribe: _____

Address: _____

Is applicant adopted: _____

SIGNATURE OF APPLICANT _____ **DATE:** _____

Or Parent/ Guardian

Recommendation of Enrollment Clerk: _____ **Approved:** _____

Rejected for these reasons: _____

Action by the Tribal Council: **Approved:** _____

Rejected for these reasons: _____

VOTES: **FOR:** _____ **AGAINST:** _____ **ABSTAINED:** _____

Date of Regular Meeting: _____

Date of scheduled hearing if contested: _____