

Received Date: _____

By: _____



**WRANGELL COOPERATIVE ASSOCIATION
ENROLLMENT APPLICATION**

NEW (__Adult __Minor) UPDATE

NAME: _____

OTHER NAMES USED: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____ CIB#: _____

TRIBE: _____ BLOOD DEGREE: _____

IF ENROLLED IN A FEDERALLY RECOGNIZED TRIBE OR NATIVE CORP., PLEASE LIST BELOW:

TRIBE/ORGANIZATION	ENROLLMENT # (if applicable)
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TRIBE/ORGANIZATION	ENROLLMENT # (if applicable)
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FAMILY INFORMATION: (If applicable)

SPOUSE NAME: _____ DOB: _____ ENROLLED: Y N

CHILD NAME: _____ DOB: _____ ENROLLED: Y N

CHILD NAME: _____ DOB: _____ ENROLLED: Y N

CHILD NAME: _____ DOB: _____ ENROLLED: Y N

CHILD NAME: _____ DOB: _____ ENROLLED: Y N

APPLICANT GENEALOGY: (fill out to the best of your knowledge)

Applicant's Mother			Applicant's Father		
Tribe	CIB/Enrollment #		Tribe	CIB/Enrollment #	
Blood Degree	DOB	Birth Place	Blood Degree	DOB	Birth Place
Applicant's Maternal Grandmother			Applicant's Paternal Grandmother		
Tribe	CIB/Enrollment #		Tribe	CIB/Enrollment #	
Blood Degree	DOB	Birth Place	Blood Degree	DOB	Birth Place
Applicant's Maternal Grandfather			Applicant's Paternal Grandfather		
Tribe	CIB/Enrollment #		Tribe	CIB/Enrollment #	
Blood Degree	DOB	Birth Place	Blood Degree	DOB	Birth Place
Applicant's Maternal Great-Grandmother			Applicant's Paternal Great-Grandmother		
Tribe	CIB/Enrollment #		Tribe	CIB/Enrollment #	
Blood Degree	DOB	Birth Place	Blood Degree	DOB	Birth Place
Applicant's Maternal Great-Grandfather			Applicant's Paternal Great-Grandfather		
Tribe	CIB/Enrollment #		Tribe	CIB/Enrollment #	
Blood Degree	DOB	Birth Place	Blood Degree	DOB	Birth Place

Applications must include the following documents:

- Birth Certificate (copy)
- Photo Identification Card
- Proof of Indian Blood (one of the following)
 - T&H ID card (or other federally recognized tribe's ID card)*
 - BIA card
 - CIB documents
- If applicable:
 - Adoption documents
 - Name Change document

OPTIONAL INFORMATION: The following information is optional, however we encourage your response, as this demographic information assists the tribe in applying for grants and focusing the services we provide to our citizens. Thank you.

FAMILY SIZE: _____ NO. OF CHILDREN IN HOME: _____ EST. ANNUAL INCOME: _____

HOME: RENT OWN MARITAL STATUS: SINGLE MARRIED DIVORCED

I hereby certify under penalty of perjury, that the above statements given for the purpose of enrollment with the Wrangell Cooperative Association are true and correct, to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

APPLICANT COMPLETED BY: ___ SELF ___ PARENT ___ SPONSOR⁺

⁺NAME OF PERSON FILING APPLICATION: _____

RELATIONSHIP TO APPLICANT: _____

MAILING ADDRESS: _____

**Please note, most local tribes do not allow for dual tribal citizenship. If you are already a member of another tribe, please contact them directly to verify their membership/enrollment policy. This does not apply to most regional tribal organizations/corporations, such as T&H and Sealaska.*