

Native Village of Kotzebue/Kotzebue IRA Application for Tribal Membership Eligibility Requirements

Tribal Membership is available to individuals who meet the following membership eligibility requirements:

Membership is automatic for the individuals who signed the petition of incorporation on May 1, 1936 which is known as the base roll.

- Such person who is a direct lineal descendent of a member whose name appears on the base roll.
- Such person who is of Native American descent and is at least eighteen (18) years of age and who has set up residence in Kotzebue for at least sixty (60) days and intends to live within Kotzebue Jurisdiction.
- Such person who is of Native American descent and is not an enrolled member of any tribe, band or community, or if such person is a member of another tribe, band or community and has relinquished their membership from that tribe, band or community in which they were enrolled and has set up residence in Kotzebue for at least sixty (60) days and intends to live within Kotzebue jurisdiction.

The following documentation is required and must be submitted with the application:

- Ancestor Chart/Family Tree
- Certificate of Indian Blood Request
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Adoption Decree (if person(s) being enrolled is/are adopted)
- Copy of Membership Relinquishment (if applicant was enrolled into another tribe.)
- Copy of Regional Corporation Shareholder Verification (i.e. ASRC, NANA, etc.)

With the exception of base roll members no person shall be enrolled to the Native Village of Kotzebue/Kotzebue IRA who has not applied for membership; therefore, incomplete applications will not be processed.

Any questions regarding tribal enrollment can be directed to the Native Village of Kotzebue/Kotzebue IRA Tribal Enrollment Office at 442-3467 or 1 800 442-3467 ext. 210

**Native Village of Kotzebue/Kotzebue IRA
Application for Tribal Membership**

Name: _____ Maiden Name: _____
(Last) (First) (Middle)

Also known as (other names used, married, etc.): _____

Mailing Address: _____
(P.O. Box) (City) (State) (Zip Code)

Physical Address: _____ Telephone #'s Home: _____
(House Number) (Street)

E-mail Address: _____ Work: _____

Date of Birth: ____/____/____ Place of Birth: _____

Gender: ☐ Male ☐ Female Social Security Number: ____-____-____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Dates of Kotzebue Residency? From: ____/____/____ To: ____/____/____ Head of Household ☐ Yes ☐ No

Are you or any of the persons being enrolled a member of another Tribal Government or IRA? ☐ Yes ☐ No

If so, what tribe? _____ Degree of Native Blood: ____/____

Are you or any of the persons being enrolled adopted? ☐ Yes ☐ No

Regional Corporation Affiliation: _____ Enrollment Number: _____

Household Members

Last Name	First Name	Relationship	Date of Birth	SS Number	Degree of Native Blood	Enrollment Status

To the best of my knowledge and belief, I certify that the data contained in this application is true, correct and complete. I understand that this application does not commit the Native Village of Kotzebue/Kotzebue IRA to guarantee tribal enrollment for any of the persons listed.

Signature of Applicant or Legal Guardian

Date

REQUEST FOR CERTIFICATE OF INDIAN BLOOD

PLEASE PRINT

FULL NAME: _____ OTHER/MAIDEN: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

PLEASE NOTE: (If applicant was born after December 18, 1971 a birth certificate must be provided)

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE CONTACT NUMBERS: _____ HOME _____ WORK _____

ANCSA (REGIONAL CORPORATION): _____

PLEASE COMPLETE THE INFORMATION BELOW USING YOUR BIOLOGICAL MOTHERS MAIDEN NAME.

BIOLOGICAL MOTHER

BIOLOGICAL FATHER

Parents: _____

Date of Birth: _____

Social Security Number: _____

Regional Corporation: _____

Degree of Native Blood: _____

IF YOU ARE NOT ENROLLED TO AN ALASKA NATIVE CLAIMS SETTLEMENT ACT (ANCSA) CORPORATION, PLEASE PROVIDE A COPY OF YOUR BIRTH CERTIFICATE AND COMPLETE THE INFORMATION BELOW.

BIOLOGICAL GRANDMOTHER

BIOLOGICAL GRANDFATHER

Grandparents: _____

Date of Birth: _____

Social Security Number: _____

Regional Corporation: _____

Degree of Native Blood: _____

AUTHORIZATION IS HEREBY GRANTED TO THE NATIVE VILLAGE OF KOTZEBUE/KOTZEBUE IRA TO PROVIDE A COPY OF MY CERTIFICATE OF INDIAN BLOOD (CIB) TO THE NAME AND ADDRESS AND OR/FAX NUMBER OF THE PARTY (IES) LISTED:

SIGNATURE OF APPLICANT: _____ DATE: _____

