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: ____________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>SS Number</th>
<th>Degree of Native Blood</th>
<th>Enrollment Status</th>
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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.

______________________________  ____________________________
Signaton 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.

<table>
<thead>
<tr>
<th>BIOLOGICAL MOTHER</th>
<th>BIOLOGICAL FATHER</th>
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<tbody>
<tr>
<td>Parents:</td>
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<td>Date of Birth:</td>
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<td>Social Security Number:</td>
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<td>Regional Corporation:</td>
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<td>Degree of Native Blood:</td>
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IF YOU ARE NOT ENROLLED TO AN ALASKA NATIVE CLAIMS SETTLEMENT ACT (ANCSCA) CORPORATION, PLEASE PROVIDE A COPY OF YOUR BIRTH CERTIFICATE AND COMPLETE THE INFORMATION BELOW.

<table>
<thead>
<tr>
<th>BIOLOGICAL GRANDMOTHER</th>
<th>BIOLOGICAL GRANDFATHER</th>
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<tbody>
<tr>
<td>Grandparents:</td>
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<td>Date of Birth:</td>
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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: ________________________