



**IGIUGIG TRIBAL VILLAGE COUNCIL**

A.K.A. Igiugig Village Council

P.O. Box 4008

Igiugig, AK 99613

Phone: (907) 533-3211 Fax: (907) 533-3217

[www.igiugig.com](http://www.igiugig.com)

e-mail: [igiugigvillagetribe@yahoo.com](mailto:igiugigvillagetribe@yahoo.com)

**APPLICATION FOR TRADITIONAL TRIBAL MEMBERSHIP**

*If applicant is under 18 years of age, this application should be filled out and signed by the parents.*

1. Full Legal Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
*(provide a copy of your birth certificate)*

4. Degree of Alaska Native Blood: \_\_\_\_\_ Other Native (Specify Tribe): \_\_\_\_\_  
*(provide a copy of your Certificate of Indian Blood (CIB) if available)*

5. Social Security Number: \_\_\_\_\_ *(provide a copy of your card)*

6. Name of Spouse (if married): \_\_\_\_\_  
*(provide a copy of your marriage license)*

7. Name of Natural Parents	Tribe	Native Blood Degree
Mother: _____	_____	_____
Father: _____	_____	_____

8. Grandparents

Mother's Mother: \_\_\_\_\_

Mother's Father: \_\_\_\_\_

Father's Mother: \_\_\_\_\_

Father's Father: \_\_\_\_\_

9. Is Applicant enrolled in any other Indian tribe? (circle one) Yes No

If yes, specify tribe: \_\_\_\_\_

Date your membership will be relinquish: \_\_\_\_\_ *(Igiugig does not accept dual enrollment)*

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 sign at right)*

\_\_\_\_\_ Applicant's Mother

\_\_\_\_\_ Applicant's Father

**OFFICE USE**

Received date: \_\_\_\_\_

Date approved by the Council: \_\_\_\_\_

By: \_\_\_\_\_

Resolution #: \_\_\_\_\_

Assigned: IVC-Member # \_\_\_\_\_

President: \_\_\_\_\_