

**APPLICATION FOR MEMBERSHIP
WITH THE
SAUK-SUIATTLE INDIAN TRIBE**

Instructions for Completing Sauk-Suiattle Indian Tribe Membership Application

1. Print your complete Name in this column (for whom the application is filed.)
2. For women, use space for your maiden name, other previous married names. You may also put down your Indian name if you like.
3. Current mailing address. This address will be used to advise you of the status of your application for enrollment.
4. Date of Birth, Place of Birth, Social Security Number, ect. Self-explanatory.
5. Provide the name of your direct ancestor whose name is shown on the Sauk-Suiattle, January 1942 Census Base Roll. This must be your parent, grandparent, or great grandparent.
6. Provide your degree of Sauk-Suiattle Indian blood, and other Indian blood.
7. Self explanatory and submit documentation of enrollment status of that parent.
8. If you were legally adopted by the Sauk-Suiattle member, you must provide information about the legal adoptions. If you do not complete this questions, your application will be considered incomplete and will not be processed.
9. Self-explanatory. If you do not complete this question, your application will be considered incomplete and will not be processed.
10. Self-explanatory. You must have a parent, grandparent, or great-grandparent named on the Sauk-Suiattle Tribal roll.
11. **PROOF OF BIRTH MUST BE ESTABLISHED: Attach a photo-static copy of the applicant's Certified Birth Certificate. If not available please submit an official document which establishes correct date of birth, place of birth, and natural parents' full names. No baptismal certificated, or hospital issued certificates. The Washington State Birth Certificate can be obtained from your local Health District at a fee of \$13.00. Or see your local Health District Office for a Certified Birth Certificate.**
12. Date signed self-explanatory. If a adult/sponsor, submit proof that gives you the authority.
13. If father self explanatory. If mother self explanatory
14. Submit completed applications to: Enrollment, 5318 Chief Brown Lane, Darrington, WA 98241

APPLICANT NO. _____

DATE RECEIVED _____

APPLICATION FOR ENROLLMENT WITH THE SAUK-SUIATTLA INDIAN TRIBE

1. Applicant's full name: _____

2. Indian, maiden, or other _____

Name by which known: _____

3. Mailing address: _____

_____ City _____ State _____ Zip code _____

Contact: _____

_____ Home _____ Cell _____ E-mail _____

4. Date of Birth: _____ Social Security Number: _____

5. Ancestor on 1/1/1942 census base roll through whom enrollment rights are claimed:

Name: _____ Roll No. _____ Relationship: _____

6. DECREE OF INDIAN BLOOD CLAIMED:

Sauk-Suiattle Indian Blood

Other (give degree and tribe)

Total Degree of Indian Blood

YES

NO

7. Is either of your parents enrolled as a member of another tribe?
If yes, which parent and tribe? _____

8. Is applicant an adopted child?

9. Is applicant enrolled with another tribe?

10. Is applicant a direct lineal descendent of a member of the tribe?

11. CERTIFIED COPY OF STATE AGENCY ISSUED BIRTH CERTIFICATE MUST BE SUBMITTED WITH APPLICATION FORM.

12. Date Signed: _____

Signature of adult applicant or sponsor

Signature of Biological Father, if living

Signature of Biological Mother, if living

(DO NOT WRITE BELOW THIS LINE)

Approve	Approve	RESOLUTION NO. _____
Reject	Reject	DATE OF MEETING: _____
VOTE: for: _____ against: _____ abstain: _____ absent: _____		ATTACH EC CERTIFIED MOTION.
_____ Committee Chair	_____ Date	_____ Presenting Enrollment Staff
		_____ Date

Please include your parents Certified Indian Blood.

Applicant	Mother	Father	Grandfather	Great-Grandfather
		Tribe and Blood Degree	Tribe and Blood Degree	Tribe and Blood Degree
		Grandmother	Great-Grandmother	Tribe and Blood Degree
		Tribe and Blood Degree	Tribe and Blood Degree	Tribe and Blood Degree
	Grandfather	Great-Grandfather	Tribe and Blood Degree	Tribe and Blood Degree
	Tribe and Blood Degree	Great-Grandmother	Tribe and Blood Degree	Tribe and Blood Degree
	Grandmother	Great-Grandfather	Tribe and Blood Degree	Tribe and Blood Degree
	Tribe and Blood Degree	Great-Grandmother	Tribe and Blood Degree	Tribe and Blood Degree





SAUK-SUIATTLE INDIAN TRIBE
Enrollment Department
5318 Chief Brown Lane
Darrington, WA 98241

Phone: (360)436-0333
Fax: (360)436-0014

GENERAL RELEASE OF INFORMATION

Printed Name

Date of Birth

Telephone Number

Social Security Number

Mailing Address

TO: SAUK-SUIATTLE INDIAN TRIBE, _____

I hereby authorize the Sauk-Suiattle Indian Tribe to release information and/ or records concerning: _____

I would like the information and/ or records released to following person or entities: _____

I would like the information and/ or records released for the following reason: _____

By signing below, I acknowledge that this release is voluntarily made without threat or undue influence. I further understand that following this release, that the persons or entities receiving my information may re-disclose said information and that this release only concerns the above parties. I also understand that I may revoke this release in writing, but that said revocation will only take effect once delivered to the party whom the original request was made.

I declare under penalty of perjury under the laws of the Sauk-Suiattle Indian Tribe that the following information is true and correct.

Signature

Date