APPLICATION FOR MEMBERSHIP
WITH THE
SAUK-SUIAATTLE INDIAN TRIBE

Instructions for Completing Sauk-Suiaattle 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, etc. Self-explanatory.
5. Provide the name of your direct ancestor whose name is shown on the Sauk-Suiaattle, January 1942 Census Base Roll. This must be your parent, grandparent, or great grandparent.
6. Provide your degree of Sauk-Suiaattle 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-Suiaattle 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-Suiaattle 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/spoanner, 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
APPLICATION FOR ENROLLMENT WITH THE SAUK-SUIATTLE INDIAN TRIBE

1. Applicant's full name: ________________________________________________________
2. Indian, maiden, or other
   Name by which known: ________________________________________________________

3. Mailing address: ____________________________________________________________

   Contact: ____________________________________________________
   City: ____________________________  State: ____________________________  Zip code: __________

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. DEGREE OF INDIAN BLOOD CLAIMED:

<table>
<thead>
<tr>
<th>Sauk-Suiattle Indian Blood</th>
<th>Other (give degree and tribe)</th>
<th>Total Degree of Indian Blood</th>
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<td>YES</td>
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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)

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<thead>
<tr>
<th>Approve</th>
<th>Reject</th>
<th>Approve</th>
<th>Reject</th>
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<tbody>
<tr>
<td>RESOLUTION NO. ____________________________</td>
<td>DATE OF MEETING: ____________________________</td>
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<tr>
<td>VOTE: for: ______ against: ______ abstain: ______ absent: ______</td>
<td>ATTACH EC CERTIFIED MOTION.</td>
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Committee Chair  Date  Presenting Enrollment Staff  Date
Please include your parent's Certified Indian Blood.
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