



Native Village of Eklutna

# Tribal Enrollment Application

Per Enrollment Ordinance of the Tribe  
#99-02 as amended through 09/07/17

## APPLICATION CHECKLIST

(Please check information that applicant provides)

**APPLICATION**

**FAMILY TREE**

**BIRTH CERTIFICATE/S**

**BIA INFORMATION**

**OTHER PROOF OF ELIGIBILITY**

**EKLUTNA, INC. SHAREHOLDER STATUS**

**TRADITIONAL TERRITORY RESIDENT**

(Upper Cook Inlet Dena'ina Territory)

**ADDRESS PHYSICAL DESCRIPTION**

**DIRECT LINEAL DESCENDANT**

**Your own statement of historical connections and  
interest in becoming a member of the Eklutna nation.**

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### FOR ENROLLMENT OFFICER ONLY

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Date Application Received: \_\_\_\_\_

Date Application Reviewed \_\_\_\_\_

Date Application Accepted: \_\_\_\_\_

Date Returned for Lack of/or More Information: \_\_\_\_\_



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Applicant's Full Name: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

TYPE OF ENROLLMENT SOUGHT:

Full Member

Adoptive Member

Base Roll Member

Honorary Member

**A. Base Roll Membership criteria:** a Native resident in Eklutna Village beginning with 1940 and determined by the official 1941 U.S. Census Roll, including half-breeds, or other documentation in recognition of migration lifestyles, such as (a) ethnic origins, (b) home ownership and sharing, (c) being born or raised in the village, (d) substantial affiliation with family ties, or other criteria.

**B. Full Membership criteria:**

1. A Base Roll Member
2. A biological descendant of persons listed on the Base Roll.
3. Any Native person who is enrolled in Eklutna, Incorporated.
4. Children born to or adopted by descendants of Base Roll Members.
5. Dependents of biological descendants of Base roll member shall be eligible to apply for membership in the Tribe as an adopted member. **A dependant shall be defined as:** Spouse (male or female); Biological, adopted and/or Foster child; Stepchild; or Child under Legal Guardianship.

**C. Adoptive Membership criteria:**

1. Any authorized person of Alaska, Native descent who lives in the Village for at lease one (1) year and intends to remain in the Village may apply for adopted membership.
2. Any person of Alaska descent not otherwise eligible for membership but familiar or other significant ties to the Village may be adopted as a member.

**D. Honorary Membership Criteria:** Any person Native or non-native deemed by the Native Village of Eklutna Tribal Council to have either been 1. abandoned by their own tribe or, 2. shown worthiness of special recognition.

**MEMBERSHIP OF ANY KIND, INCLUDING ELIGIBILITY BY ANYONE, IS SUBJECT TO TRIBAL COUNCIL APPROVAL AND DISCRETION.**



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Ancestors on base role whom enrollment rights are claimed:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Roll No# \_\_\_\_\_

Roll No# \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

DEGREE OF INDIAN BLOOD CLAIMED: \_\_\_\_\_

Is either of your parents enrolled as a member of another tribe? Yes No

If yes, which parent and with what tribe? \_\_\_\_\_

Is applicant an adopted child? Yes No

Is applicant enrolled with another tribe? Yes No

Is applicant a direct lineal descendent of a member of the tribe? Yes No

**COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH APPLICANT FORM.**

**Please write a statement about your historical connection to Eklutna Village and why do you want to enroll as a Tribal Member to Native Village of Eklutna.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date signed: \_\_\_\_\_

Signature of adult applicant OR sponsor \_\_\_\_\_

If sponsor application, relationship of sponsor to applicant: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

*Enrollment Committee Recommendation*

**Action by Tribal Council**

\_\_\_\_ Approve  
\_\_\_\_ Reject because \_\_\_\_\_

\_\_\_\_ Approve  
\_\_\_\_ Reject for any reason  
recommended or \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Enrollment Officer

Vote: \_\_\_\_ For, \_\_\_\_ Against,  
\_\_\_\_ Abstain, \_\_\_\_ Absent

Date of Meeting \_\_\_\_\_

\_\_\_\_\_  
Tribal Council President



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**FAMILY TREE – AS OF DATE:** \_\_\_\_\_

*Enter names on the line above the relationship name.*

			<b>Great Grandfather</b> Tribe: _____ Degree: _____
		<b>Grandfather</b> Tribe: _____ Degree: _____	<b>Great Grandmother</b> Tribe: _____ Degree: _____
	<b>Father</b> Tribe: _____ Degree: _____		<b>Great Grandfather</b> Tribe: _____ Degree: _____
		<b>Grandmother</b> Tribe: _____ Degree: _____	<b>Great Grandmother</b> Tribe: _____ Degree: _____
<b>Applicant</b> Tribe: _____ Degree: _____			<b>Great Grandfather</b> Tribe: _____ Degree: _____
		<b>Grandfather</b> Tribe: _____ Degree: _____	<b>Great Grandmother</b> Tribe: _____ Degree: _____
	<b>Mother</b> Tribe: _____ Degree: _____		<b>Great Grandfather</b> Tribe: _____ Degree: _____
		<b>Grandmother</b> Tribe: _____ Degree: _____	<b>Great Grandmother</b> Tribe: _____ Degree: _____

“Degree” means blood quantum, examples: 1/1, 1/2, 1/4, 1/8, 1/16, 1/32, 1/64, 1/128, 1/256; the amount of your biological heritage that is considered “Indian” by the Federal Government.