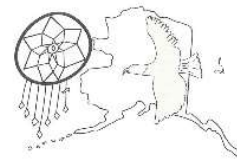


Louden Tribal Council Enrollment Application



Date Application Received:

Member Information

Applicant Full Name:		
Native, Maiden, or another name by which applicant is known:		
Mailing Address:	City/State/Zip	
Email Address:	Home or Cell Phone	
Date of Birth:	Place of Birth:	Social Security Number:
Degree of Native Blood Claimed		
Athabascan	Other (Specify)	Total

Questions (Yes/No)

	Yes	No
Are either of applicant's parents enrolled as a member of another tribe?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant an adopted child?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant enrolled with another Tribe?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant a direct descendant of a member of the Tribe?	<input type="checkbox"/>	<input type="checkbox"/>

Photocopy of original Birth Certificate, Baptismal record or other proof of birth and parentage must be submitted with application forms.

I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information is cause of disenrollment. I also authorize the release of this information to any organization for the purpose of processing this application.

Name: _____ Signature: _____ Date: _____
Printed name of person completing form Signature and Relationship to applicant Date of signature

Tribal Use Only

Recommendation of Louden Staff Approved Rejected because _____

Signature of Tribal Administrator _____ Date _____

If approved:
 Enrollment Number: _____ Resolution Number _____ Date Resolution Approved _____

