Native Village of Eyak
110 Nicholoff Way
P.O. Box 1388
Cordova, Alaska 99574-1388
P (907) 424-7738 * F (907) 424-7739
www.eyak-nsn.gov

10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Date: _____

Name of Applicant: _____

Check List for Active Tribal Membership

- ☐ Completed Application
- ☐ Copy of Drivers License or State ID
- ☐ BIA – Certificate of Indian Blood (CIB)
- ☐ Birth Certificate
- ☐ 6 months Proof of Residency:
  - pay stubs
  - utility receipts (heating fuel, electric, utility, etc.) **Cell phone statement not accepted**
  - mortgage or landlord receipts/letter
  - taxes
  - post office box renewal
  - Alaska driver's license or state ID
  - Copy of Permanent Fund Dividend receipt
  - other (as approved by the Enrollment Committee)

Check List for Inactive Tribal Membership

- ☐ Completed Application
- ☐ Copy of Drivers License or State ID
- ☐ BIA – Certificate of Indian Blood (CIB)
- ☐ Birth Certificate

Check List for Honorary Tribal Membership

- ☐ Completed Application
- ☐ Copy of Drivers License or State ID
- ☐ Marriage Certificate
- ☐ 6 months Proof of Residency: See List Above (Base requirement for eligibility of services, does not guarantee services)

Thank you for your interest in the Native Village of Eyak's Enrollment. Please have all the necessary documentation to make the process as quick and smooth as possible. Please make sure that the Application is filled out and signed. Any Application that isn't signed and dated will automatically be denied. If you have any questions, please feel free to call or stop by.

Native Village of Eyak
Enrollment Committee
Office: (907) 424-7738
Fax: (907) 424-7739
enrollment@eyak-nsn.gov

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Tribal Enrollment Application

The Tribal Enrollment Application must be submitted with the required documentation on Checklist. Proof of residency is required to qualify for Active and Honorary Membership (to be eligible for services).

Applicant Information

Full Name			
Other Name			
State & ID or DL #		Date of Birth	
Email Address			
Physical Address		City, State, Zip	
Mailing Address		City, State, Zip	
State Date of Residency		☐ Home Phone ☐ Cell phone	
HONORARY ONLY		Date of Marriage to Tribal Member	

Ancestor Through Whom Enrollment Rights are Claimed

Name		Relationship	
Name		Relationship	

Degree of Indian Blood Claimed

Tribe/Degree		Other/Degree	*Total Degree of Indian Blood	
Is applicant a direct lineal descendant of a member of NVE?			Yes ☐	No ☐
Are you or either parent enrolled as a member of another Tribe?				
If yes, who and what Tribe?				
Do you serve on the Board/Council or receive services from another Tribe?			Yes ☐	No ☐

Other Information

Are you a US Veteran?		Yes ☐	No ☐
If yes, Branch Served?	Years Served?		

Signature of Applicant _____ Date _____

Signature of Guardian or Sponsor _____ Date _____

Print of Guardian or Sponsor _____ Date _____

INTERNAL USE ONLY

Date Received:		**Next Enrollment Committee Meeting**		**Next Council Meeting:**	
Applicant Status	**Enrolled Active Tribal Member** ☐ **Enrolled Honorary** ☐		**Enrolled Inactive Tribal Member** ☐		

Native Village of Eyak

Family Ancestry Chart

Applicant

Date of Birth

Place of Birth

Tribe(s)

Enrollment Coordinator

Enrollment Number

Date Verified

Date Reviewed by Enrollment Committee

Date Approved

FATHER

Date and Place of Birth

Tribe(s)

Father Aliases

Village Corporation

Regional Corporation

MOTHER

Tribe(s)

Date and Place of Birth

Mother's Maiden Name

Mothers Aliases'

Village Corporation

Regional Corporation

PATERNAL GRANDFATHER

Tribe(s)

Date and Place of Birth

PATERNAL GRANDMOTHER

Tribe(s)

Date and Place of Birth

Maternal GRANDFATHER

Tribe(s)

Date and Place of Birth

Maternal GRANDMOTHER

Tribe(s)

Date and Place of Birth

PATERNAL GREAT GRANDFATHER

Tribe(s)

Date and Place of Birth

PATERNAL GREAT GRANDMOTHER

Tribe(s)

Date and Place of Birth

PATERNAL GREAT GRANDFATHER

Tribe(s)

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Tribe(s)

Date and Place of Birth

MATERNAL GREAT GRANDMOTHER

Tribe(s)

Date and Place of Birth