

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

Enrollment Documentation Checklist

DATE

NAME OF APPLICANT

ACTIVE TRIBAL MEMBERSHIP

- ☐ Completed application
- ☐ Copy of driver's license or state ID
- ☐ BIA Certificate of Indian Blood (CIB)
- ☐ Birth certificate
- ☐ Six months of proof of residency

Accepted proof of residency includes:

- Pay stubs
- Utility receipts: heating fuel, electric, water, etc. (cell phone statements are not accepted)
- Mortgage or landlord receipts/letter
- Taxes
- Post office box renewal
- Alaska driver's license or state ID
- Permanent Fund Dividend receipt
- Other documentation approved by the Enrollment Committee

INACTIVE TRIBAL MEMBERSHIP

- ☐ Completed application
- ☐ Copy of driver's license or state ID
- ☐ BIA Certificate of Indian Blood (CIB)
- ☐ Birth certificate

APPLICATION SUBMISSION

Submit the completed, signed, and dated application with all documentation required for the membership classification requested.

Incomplete applications may be returned for additional information.

Questions: (907) 424-7738 • enrollment@eyak-nsn.gov

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Tribal Enrollment Application

Submit this application with the required documentation listed on Page 1.
Proof of residency is required to qualify for Active Tribal Membership.

APPLICANT INFORMATION				
FULL NAME				
OTHER NAME(S)				
STATE ID OR DL #		DATE OF BIRTH		
EMAIL ADDRESS				
PHYSICAL ADDRESS			CITY, STATE, ZIP	
MAILING ADDRESS			CITY, STATE, ZIP	
START DATE OF RESIDENCY		☐ Home ☐ Cell	PHONE NUMBER	

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

OTHER INFORMATION						
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?			YES	☐	NO	☐
Do you serve on a Board/Council or receive services from another Tribe?			YES	☐	NO	☐
Are you a U.S. Veteran?			YES	☐	NO	☐
IF ENROLLED ELSEWHERE, WHO AND WHAT TRIBE?						
VETERAN BRANCH		YEARS SERVED				

APPLICANT SIGNATURE	DATE	GUARDIAN/SPONSOR SIGNATURE	DATE

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Enrollment Review and Internal Use

INTERNAL USE ONLY

DATE RECEIVED	
ENROLLMENT COORDINATOR	
ENROLLMENT NUMBER	
DATE VERIFIED	
DATE REVIEWED BY ENROLLMENT COMMITTEE	
DATE APPROVED	
NEXT ENROLLMENT COMMITTEE MEETING	
NEXT TRIBAL COUNCIL MEETING	

APPLICANT STATUS

☐ Enrolled Active Tribal Member

☐ Denied

☐ Enrolled Inactive Tribal Member

☐ Pending Additional Information

GUARDIAN OR SPONSOR

PRINTED NAME	
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