



Application Number: _____
Date Received: _____

APPLICATION FOR TRIBAL ENROLLMENT

Please note that applications from persons not of Unangan/Aleut ancestry, as defined in the Qawalangin Tribal Constitution, will not be considered for enrollment.

Applicant's Full Name: _____

Maiden Name or other name (s) by which known: _____

Mother's Name & Maiden Name: _____ Village: _____ Tribal #: _____

Father's Name: _____ Village: _____ Tribal #: _____

Grandparents:

Maternal Grandmother's Name/Maiden Name: _____ Village: _____ Tribal #: _____

Maternal Grandfather's Name: _____ Village: _____ Tribal #: _____

Paternal Grandmother's Name/Maiden Name: _____ Village: _____ Tribal #: _____

Paternal Grandfather's Name: _____ Village: _____ Tribal #: _____

Applicant Information:

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: (____) _____

Place of Birth: _____

Please answer the following:

1. Is applicant of Unangan/ Aleut ancestry? _____ YES _____ NO

2. Is applicant enrolled with another Tribe? _____ YES _____ NO

If YES, present letter of Dismissal

3. Is your primary residence in Unalaska, Sedanka, or Amaknak Island? _____ YES _____ NO

4. Are you a son or daughter of a Tribal Member? _____ YES _____ NO

Please submit TWO (2) of the following documents with application:

- _____ An original birth certificate
- _____ Certificate of Indian Blood (CDIB) or other proof of Aleut ancestry
- _____ Baptismal Record
- _____ Adoption papers

***If you would like your original documents sent back to you as Certified Mail, please include a self-addressed certified envelope with your application**

Signature of Applicant

Date Signed

DO NOT WRITE BELOW THIS LINE

Action by Council: Approved: _____ Denied: _____ Date of Meeting: _____

Resolution Number: _____

Reason for Approval or Denial: _____

Vote: For _____ Against: _____ Base Roll: _____ Automatic Enrollment with Council Approval: _____

Other: _____