Everyone seeking membership must meet the qualifications of the STC Tribal Membership Constitution.

MEMBERSHIP TYPES

1. BASE ROLL MEMBERSHIP
   Must show proof of connection to our base roll membership list.

2. JURISDICTINAL MEMBERSHIP
   Open to all Alaska Natives and American Indians living in the Skagway area.

3. HONORARY MEMBERSHIP
   Only given by nominations from the Tribal Council.

CHECKLIST

- Completed Application & Family Tree
- Release of Information
- Copy of all Birth Certificates
- Copy of CDIB (Certificate Degree of Indian Blood)
  (We do accept photocopies or faxed birth certificates, CDIBs, or applications.)
- Paternity Papers are needed if Native parent is not on the birth certificate
- Completed family tree
- Be sure to have a telephone number, cell phone number, and/or e-mail address

APPLICATION PROCESS

Once we have received your completed enrollment application, it will be reviewed and then presented to the council for acceptance.

- Enrollment application accepted
- Follow up by enrollment clerk as needed
- Council members review applications
- Application is either accepted or denied
- If accepted, certificate with member number is issued
- Letter is issued for acceptance or denial
- New member is added to Tribal Enrollment List

Incomplete Applications will not be accepted!
**ENROLLMENT APPLICATION**

**SKAGWAY TRADITIONAL COUNCIL**

<table>
<thead>
<tr>
<th>NEW ENROLLMENT</th>
<th>RE-ENROLLMENT</th>
<th>UPDATE ENROLLMENT INFO</th>
<th>DATE_________________________</th>
</tr>
</thead>
</table>

**SECTION 1 APPLICANT INFORMATION**

Enrollment Number: ________________ Enrollment Date: ________________

(Leave Enrollment Number Blank)

Phone Number: ( ) ____________

Cell Number: ( ) ____________

First Name: ________________________

Middle Name: __________________

Last Name: _______________________________________

Maiden Name: _______________________

AKA Name (also known as): _________________________________________________________

Marital Status: Single Married Widowed Divorced Separated

Sex: Male Female

Date of Birth: / / Place of Birth: ________________ Number in Household: ______ Veteran: Yes No

Email Address: __________________________________________________________________________________

Primary Address: ___________________________ City ______________ State __________ Zip Code ______________

Alternate Address: ________________________________________________________________________________

How long have you lived in Skagway? ________ (If less than one-year answer question below)

Prior address: ____________________________________________________________________________________

Preferred contact method:

Primary Address during ( )

Alternate during ( )

Email

Home Phone

Cell Phone

**SECTION 2 ENROLLMENT APPLICATION**

Degree of Native Blood: _______ Degree of other Blood: _______ (A Certificate of blood must be provided)

Moiety: _______ Clan House: _______________

Other Tribal information: ______________________________

STC Base Enrollee: Yes No Descendant

Regional Corporation: ____________________________________________________________________________

Is Applicant enrolled with any other Tribe? Yes No If yes, which tribe? ____________________________

**SECTION 3 BIRTH PARENT INFORMATION**

Birth Mother’s Maiden Name: __________________________________________ Date of Birth: ________________

Maiden/Other Name(s): __________________________ Tribe Enrolled: ________________

Birth Father’s Name: __________________________________________ Date of Birth: ________________

Enrolled: ________________________________________________________________________________

**SECTION 4 ADOPTION INFORMATION**

Adoption: Yes No

Adoptive Mother’s Name: __________________________________________ DOB ______________

Adoptive Father’s Name: __________________________________________ DOB ______________
SECTION 5 (OPTIONAL) This section helps us apply for funding and or bring relevant resources to you.

Employed:        Yes          No          Retired

Job Title: _____________________________________________

Years of Experience: _____

If unemployed, are you available for work?           Yes            No

Education (Circle One) Highest Grade Completed:  1  2  3  4  5  6  7  8  9  10  11  H.S. Graduate  GED:  Yes
No       N/A

Trade School Certificate: Yes       No       N/A       Date Earned: /    /

Area of Study

2 Yr. College Degree: Yes       No       N/A       Date Earned: /    /

Major________________________________________

4 Yr. College Degree: Yes       No       N/A       Date Earned: /    /

Major________________________________________

Masters or Graduate School: Yes     No       N/A       Date Earned: /    /

Major________________________________________

Do you have a Disability?             Yes              No

If yes, please state your type of disability

________________________________________

Comments to enrollment clerk:

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

A copy of a Birth Certificate, Baptismal Record, or other Proof of Birth and a Certificate of Indian Blood, release of information, and if applicable a Marriage certificate must be submitted with the application. By not submitting required documents your application will be considered incomplete.

If your application is denied you have the right to appeal the decision, your request MUST be made in writing with in thirty calendar days from the date of the notice to STC's Executive Director.

SECTION 6 CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and that false or misleading information can result in the denial of my application for membership. Furthermore, I understand that the completion of this application does not guarantee my enrollment as a member of Skagway Village (dba Skagway Traditional Council).

Signature: ________________________________________________________________________ Date: ____________________

Printed Name_____________________________________________________________________

(If applicant is a minor state relationship)

Relationship: _______________________ Phone Number: ___________________ Email________________________________

****************************************************************************** FOR OFFICE USE ONLY **********************************

New Enrollee Status:            Base Roll             Jurisdictional              Honorary

Application Status:         Approved          Disapproved

Approved or Disapproved by _____________________________________________________________ Date____________________

Voter Status:        Yes        No                   If Deceased Date of Death:             /                /
Please complete the Family Tree to the best of your knowledge

Skagway Village (DBA Skagway Traditional Council)

Family Tree Chart for:
I, the undersigned, being of legal age of eighteen (18) years of age or older, voluntarily give my consent to release the following information or records about myself and/or my minor child to the Skagway Traditional Enrollment Department.

- Enrollment information on myself (Name, DOB, Enrollment #, Blood Quantum)
- Enrollment information on my minor child (as a custodial parent or guardian)

Print Name of Minor Child

___________________________________________________ DOB_______________

____________________________________________________DOB_______________

____________________________________________________DOB_______________

____________________________________________________DOB_______________

____________________________________________________DOB_______________

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in manner so deemed appropriate by the Skagway Traditional Council Enrollment Department. I also agree to hold harmless the Skagway Traditional Council Enrollment Personnel and the Skagway Traditional Council for any claims or injury that may occur as a result of the release of this information.

___________________________________________________________         ___________________
Signature                                                                                                                          Date

__________________________________________________________________________________
Printed Name

__________________________________________________________________________________
Relationship if not a parent or guardian of the above listed minors

THIS DOCUMENT IS INDEFINITE AND IS FOR ENROLLMENT, OR USE FOR APPLICATION OF FUNDING PURPOSES ONLY