## **Native Tribe of Kanatak**

P.O. Box 876822 Wasilla, AK 99687 Office: 907-357-5991

Fax 907-357-5992 Toll Free Fax: 1-855-KANATAK Email to: tessmcgowan@ymail.com or kanataktribe@rocketmail.com

## **Tribal Honorary Membership Application**

**Spouse Applicants**: Please attach a copy of your Birth Certificate & a copy of your Marriage Certificate.

**Parent Applicants**: Please attach a copy of your child's Birth Certificate.

**Grandparent Applicants**: Please attach a copy of your child's Birth Certificate and your grandchild's Birth Certificate.

\*Applications are not considered complete until all information is received.

Personal Information:	Today's Date://
Full Name:	Maiden Name:
Address:	_ City:State: Zip:
email:	Home Phone: Cell:
Birthdate:/ M / F (circle one) email Address:	
Are you an Alaskan Native? Y / N	Are you a Native American? Y / N
Family Information: *Fill out only the section that applies to you	
Spouse's Name:	Enrollment #:
Birthdate:/ Birthplace:	Degree of Native Blood:
Child's Name:	Enrollment #:
Birthdate:/ Birthplace:	Degree of Native Blood:
Grandparents are issued an Honorary Membership at the discretion of the Tribal Council	
Grandchild's Name:	Enrollment #:
Birthdate:/ Birthplace:	Degree of Native Blood:
Office Use Only:	
Date Received:/	Date approved by Tribal Council://
Enrollment #: Pr	resident's Signature: