

Native Tribe of Kanatak

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Email to: tessmcgowan@ymail.com or kanataktribe@rocketmail.com

Tribal Membership Application

*Please attach a copy of your Birth Certificate and a copy of your Certificate of Degree of Indian or Alaskan Native Blood (CDIB). Applications are not considered complete and will not be processed 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) SS#: ___-___-_____ Degree of Native Blood: _____				
Spouse's Name: _____ Date of Birth: ___/___/_____				
Family Information:				
Name of Biological Mother: _____ Tribe: _____				
Birthdate: ___/___/_____ Birthplace: _____ Degree of Native Blood: _____				
Name of Biological Father: _____ Tribe: _____				
Birthdate: ___/___/_____ Birthplace: _____ Degree of Native Blood: _____				
Grandparents Names:		Birthplace:	Tribe:	Degree of Native Blood:
Mother's Mother: _____				
Mother's Father: _____				
Father's Mother: _____				
Father's Father: _____				
Office Use Only:				
Date Received: ___/___/_____		Date approved by Tribal Council: ___/___/_____		
Enrollment #: _____		President's Signature: _____		