Nisqually Indian Tribe
Membership Application Cover Letter

To apply for membership to the Nisqually Indian Tribe you must complete an application packet in person at the Enrollment Office. The packet includes:

1) Application – including: copy of picture ID, verification of Indian blood, state issued certified Birth Certificate and Social Security Card
2) Family tree
3) Release of information form

- <u>Application</u> - Each person applying for membership will need to complete a packet. All forms need to be completed to the best of your knowledge.

- <u>Family Tree</u> - You must provide all names, maiden names for females. Please do not put "on file". Please list blood degree and name of tribes.

- <u>Release of Information Form</u> – Sign the release of information form. We will contact any tribe you may be affiliated with to help determine your blood degree and/or lineage.

- Burden of proof is on the applicant. Applicant is required to provide verification; it is not up to the Enrollment Dept staff to do research.

- Application is incomplete until all forms and documentation is received.

Once your application has been processed the Enrollment Department will submit your application to the Enrollment Committee. From there, the Enrollment Committee makes their recommendation to the Tribal Council. The Council will approve or reject your application and then the Enrollment Department will notify you in writing.

NISQUALLY INDIAN TRIBE
APPLICATION FOR ENROLLMENT
4820 SHE-NAH-NUM DR S.E.
OLYMPIA, WA 98513
PHONE: (360) 456-5221 Ext. 1240 FAX: (360) 438-8689

1. Applicant's Full Name at Birth: _____

   Last   First   Middle

2. Current Married Name: _____

   Maiden, AKA or other names used: _____

3. Address: _____

4. Phone #s-home: _____cell:_____work:_____other:_____

5. Date of Birth: _____   6. Social Security #_____

7. Place of Birth: _____

8. Is Applicant an Adopted Child: ____YES ____NO

9. Is Applicant a Member of another Tribe: ____YES ____NO

   If Yes Name of Tribe: _____ Roll#_____

10. **<u>PROOF OF BIRTH MUST BE ESTABLISHED</u>** naming natural parents of Applicant. Please ***submit a copy of applicants*** Birth Certificate or Birth Record listing parents with this application.

11. Family Tree (attached page) needs to be completed and submitted with application. ***Please remember to use Maiden Names***

12. Please submit parents of Applicants Verification of Membership and Blood Degree if not enrolled in the Nisqually Indian Tribe.

13. Read and sign the Release of information form.

14. ****I HEREBY DECLARE THAT** the information supplied herein is accurate and correct to the best of my knowledge and I am aware that a fine of not more than $10,000 or imprisonment for not more than five years or both can be levied for making false or fraudulent statements in connection with any matter within the jurisdiction of any department or agency of the United States. ******

_____   _____

Date Signed   Signature

                      Relationship to Applicant: _____

                      (self, mother, father, grandparent, other etc...)

Applicant Family Tree Information

Name: _____Birth Date: _____ Tribe: _____

Blood Degree: _____ Roll #_____ Brothers & sisters_____

Parents:

****NOTE: Please use <u>maiden</u> names when referring to female family members****

Father-_____	*Mother: _____*
Birth Date: _____	*Birth Date: _____*
Date of Death_____	*Date of Death_____*
Tribe: _____	*Tribe: _____*
Blood Degree: _____	*Blood Degree: _____*
Roll #:_____	*Roll #:_____*

Grandparents:

Grandfather- (Father's) Grandmother-   *Grandfather (MOTHERS) Grandmother-*

_____ _____   _____ _____

Birth Date_____	Birth Date_____	*Birth Date_____*	*Birth Date_____*
Tribe_____	Tribe_____	*Tribe_____*	*Tribe_____*
Blood Degree_____	Blood Degree: ____	*Blood Degree_____*	*Blood Degree_____*
Roll #_____	Roll # _____	*Roll #_____*	*Roll #_____*

Paternal- (father's)

Great Grandfather-	Great Grandmother-	Great Grandfather-	Great Grandmother-
_____	_____	_____	_____
Birth Date_____	Birth Date_____	Birth Date_____	Birth Date_____
Date of Death_____	Date of Death_____	Date of Death_____	Date of Death_____
Tribe_____	Tribe_____	Tribe_____	Tribe_____
Blood Degree_____	Blood Degree_____	Blood Degree_____	Blood Degree_____
Roll #_____	Roll #_____	Roll #_____	Roll #_____

Maternal-(mother's)

Great Grandfather-	*Great Grandmother -*	*Great Grandfather-*	*Great Grandmother-*
_____	_____	_____	_____
Birth Date_____	*Birth Date_____*	*Birth Date_____*	*Birth Date_____*
Date of Death_____	*Date of Death_____*	*Date of Death_____*	*Date of Death_____*
Tribe_____	*Tribe_____*	*Tribe_____*	*Tribe_____*
Blood Degree_____	*Blood Degree_____*	*Blood Degree_____*	*Blood Degree_____*
Roll #_____	*Roll #_____*	*Roll #_____*	*Roll #_____*

NISQUALLY INDIAN TRIBE
ENROLLMENT DEPARTMENT
4820 SHE-NAH-NUM DR S.E.
OLYMPIA, WA 98513
(360) 456-5221 Ext. 1248 FAX: (360) 438-8689

Release of Information Form

I, _____, the undersigned, hereby authorize the Nisqually
Indian Tribe Enrollment Department, to contact and obtain any necessary verifications associated with
Enrollment from any Indian Tribe I am associated with:

Tribe Name:_____
                     (If more the one tribe, please list all names here)
Address:_____

Telephone: (_____)_____-_____   Fax: (_____) _____-_____

Member Information:
Member Name (Last, First, Middle): _____

Address: _____

Phone: (_____)_____-_____   Date of Birth (mm/dd/yy):_____/_____/_____

Requested Information or Documents:
[ ] Verification of membership
[ ] Family Tree
[ ] Blood degree
[ ] Birth Certificate(s) for:_____
[ ] other (Please explain in detail): _____
_____

By my signature below, I consent to the release of the above listed information / documents to the
Nisqually Indian Tribe Enrollment Department. *NOTE:* **I understand that this release is valid for as long**
as I am seeking enrollment or am a Nisqually Tribal Member.

Printed Name of tribal member: _____

Signature of tribal member: _____

Legal Guardian of: _____ Relationship_____

Dated this _____ day of _____, _____

Form Approved by Enrollment com 7/09