MEMBERSHIP APPLICATION

Eligibility for enrollment will be determined upon completion of the Membership Application and meeting the 25% Akwesasne Mohawk Blood Quantum requirement and verification of ancestry from the Saint Regis Mohawk Tribe.

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS AN APPLICATION:

- AN ORIGINAL RECORD OF BIRTH SHOWING MOHAWK (FROM AKWESASNE) PARENTS' NAMES (CERTIFIED DOCUMENTS)
- PROOF OF NAME CHANGE(S) MARRIAGE CERTIFICATE, DIVORCE DECREE, AMENDED BIRTH CERTIFICATE, ETC.
- **BIOLOGICAL** FAMILY TREE MUST BE COMPLETED IN FULL BEFORE APPLICATION IS **ACCEPTED**
- NON REFUNDABLE FEE OF \$20.00 US FUNDS. MONEY ORDERS CAN BE MADE OUT TO THE SAINT REGIS MOHAWK TRIBE.

NAME:					
	FIRST	MIDDLE		LAST	
GENDER: M/	F MARITAL STATUS: _		MAIDEN:		CLAN:
PRIMARY PH	IONE:	M	OBILE PHONE:	<u> </u>	
MESSAGE PH	HONE:	E	MAIL ADDRESS:		
STREET ADD	PRESS:)	
MAILING AD	DRESS:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		ازد اردار			
DATE OF BIR	атн:	BIRTH CITY:	◆1-1-1	STATE/	PROV:
COUNTRY:		BIRTH LO	CATION		
COONTRI		_ BIKTITEC	CATION.		$\overline{\Omega}$
SOCIAL SEC	JRITY#	Allenor S		The same of the	
ENDOLLED		TRIDES V/N	AME OF BAND/TRU		
ENROLLED V	VITH ANOTHER BAND/	TRIBE? I / IN IN	AME OF BAND/TRIE	SE:	154
IF MARRIED,	PLEASE PROVIDE SPO	USE'S NAME:	2.2	_ D.O.B:	
\		4			TY:
CHILDREN:	NAME:	A Res	D.O.B.:	GENDER: I	M/F
	NAME:		D.O.B.:	GENDER: Ì	M/F
	WANT.		D.O.B.:	GERDER.	
	NAME:		D.O.B.;	GENDER: I	M/F
	NAME:	GA WA	D.O.B.:	GENDER: I	M/F
NAME OF DE	DSON COMPLETING AL	DI ICATON: COM			
NAME OF PE	RSON COMPLETING AF	ILICATUN: SRM	T © 2002		
RELATIONSH	HIP TO APPLICANT:				
******	*******	*******	*******	*******	******
				Saint Regis	Mohawk Tribal Clerk's Offi rgaret Terrance Memorial W
				, _ 1,1	DO D 11

PO Box 1160 Akwesasne NY 13655

OFFICE USE ONLY:

DATE RECEIVED: RECEIPT #: ___

FAMILY TREE			Great-Grandmother
		Grandmother	Tribe
		Tribe	Great-Grandfather
	Mother		Tribe
	Tribe		Great-Grandmother
	Enrollment # Birth Date:		
	Brother & Sisters:	Grandfather	Tribe
		Tribe	Great-Grandfather
			Tribe
Applicant			Great-Grandmother
Tribe Brother & Sisters:		Grandmother	Tribe
Diotrici di Oistois.		Tribe	Great-Grandfather
	Father	6-01	Tribe
18	Tribe		Great-Grandmother
	Enrollment #		
	Birth Date: Brother & Sisters:	Grandfather	Tribe
		Tribe SRMT © 2002	Great-Grandfather
			Tribe

^{*} The Family Tree must be completed in full, **BIOLOGICALLY**, to prove Mohawk decedent. *

Maiden names & dates of birth/death are also Helpful