

ONC Tribal Enrollment Application

All information disclosed in the application is confidential, and will be handled with the utmost respect to the Tribal Member. All employees of ONC have signed a confidentiality statement, and will protect your personal information. Under no circumstances will ONC give out any personal information unless specified in writing.

Enrollment Number _____ Enrollment Date _____ Phone Number () _____
(Leave Enrollment Number Blank) Cell Number () _____

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ AKA Name (also known as) _____

Marital Status: _____ Date of Birth: _____ / _____ / _____ Place of Birth _____

SS# _____ Number in Household: _____ Veteran Yes No

P.O. Box: _____ City _____ State _____ Zip Code _____

Physical Address: _____

How long have you lived in Bethel? _____
(If less than one year answer question below)

Prior address _____

Email Address: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Sex: Male Female

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

BNC Base Enrollee Yes No
(If not BNC Base Enrollee Check one below)

Descendant Yes No Descendant of Descendant: Yes No Adoption: Yes No

Regional Corporation: _____ Village Corp. _____

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

Is either parent of the applicant enrolled as a member of another tribe? Yes No

If yes, which parent: _____ Tribe: _____

Employed: Yes No 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 12 H.S. Graduate
GED: Yes No

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

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

Schools and Colleges Attended: _____

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 ONC's Executive Director.

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 Orutsararmiut Native Council.

Signature: _____ Date: _____

(If applicant is a minor state relationship)

phone Number

*** FOR OFFICE USE ONLY ***

<input type="checkbox"/> New Enrollee	<input type="checkbox"/> Update	<input type="checkbox"/> Non – Member: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Voter Status: <input type="checkbox"/> Yes <input type="checkbox"/> No			Approved/Disapproved by _____	
			Date of Death: ____ / ____ / ____	