



The State of SCNRFP

a Recognized International Independent Sovereign Neutral Nation and State
Tsigamogi, Chickamauga, and Lower Cherokee, a Theocracy Government

STATE OF SCNRFP GENERAL CITIZENSHIP AND PROFESSIONAL LICENSE OR CERTIFICATION REQUEST:

Print Full Name

I, _____, do hereby request to
become a general member citizen of the Southern Cherokee Nation and The Red Fire People (State of SCNRFP);

The Following Information is Required:

**Attached: a copy of driver license and copy of passport, a copy of business and or personal synopsis or (CV)
(curriculum vitae).**

Note: There is a cost for Professional License and Certifications, Contact the State of SCNRFP for Current Cost. Note:
there is a cost for licensed or certified assistants, tech, staff and clients or patients.

Photo not required, however, if you desire a national citizenship ID, please include a headshot photo with solid
background.

If you are a dual citizen of another country, please provide which countries:

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Date of Birth: _____

Sex: _____

Phone: _____

Email: _____

Place of Birth: _____

Physical Address:

List what professional license and or certifications you are seeking:



Do you have any criminal convictions? If yes, please state and attach details.

Have you ever lost your professional license or certification or been suspended? If yes, please share details.

Citizen may be subject to a background check. Citizenship is a privilege and may be rescinded if laws are violated.

The Member Citizen's Signatory Authority Below the Member Citizen is agreeing to the following: Member Citizen shall be subject to a background check; Member Citizen and or Dual Citizenship is a privilege and may be rescinded if laws of the State of SCNRFP are violated; Member Citizen agrees to follow the laws of the State of SCNRFP (including laws & regulations adopted with the regularity of the governance of the State of SCNRFP).

Effective Date: _____

Print Complete Name: _____

Signatory Authority: _____