



The State of SCNRFP

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

STATE OF SCNRFP Blood Member Citizenship 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).

Attached: a copy of your lineage.

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: _____

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Member Citizen shall be subject to a background check; Member Citizen and or Dual Citizenship is a privilege and may be rescinded if laws of the State of SCNRFP are violated; Member Citizen agrees to follow the laws of the State of SCNRFP (including laws & regulations adopted with the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: _____

Note: If a minor, this form must be signed by one of the parents or a legal guardian, and the parent(s) or legal guardian (signer) must also provide their ID.