



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Citizen shall be subject to a background check; Member Citizen and or Dual Citizenship is a privilege and may be rescinded if laws of the State of SCNRFP are violated; Member Citizen agrees to follow the laws of the State of SCNRFP (including laws & regulations adopted with the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