



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 (PATIENT) REQUEST:

To be filled out by referring doctor:

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

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Member Citizen shall be subject to a background check; Member Citizen and or Dual Citizenship is a privilege and may be rescinded if laws of the State of SCNRFP are violated; Member Citizen agrees to follow the laws of the State of SCNRFP (including laws & regulations adopted with the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); Member Citizen agrees if any legal action is to be taken against the State of SCNRFP licensed doctor and or his/her personnel it shall be taken within the jurisdiction of the State of SCNRFP, and prior to any legal action Member Citizen agrees to seek resolve through arbitration within the jurisdiction of the State of SCNRFP by contacting the State of SCNRFP

Name and Contact Information of Referring State of SCNRFP Doctor

Effective Date: _____

Print Complete Name: _____

Signatory Authority: _____

Note: If patient is 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.