

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 REQUEST:

Print Full Name		
l,		, do hereby request to become a general
member citizen of the Southern Chero	okee Nation and The Red Fire Peopl	e (State of SCNRFP);
The Following Information is Required	l:	
		ss and or personal synopsis or (CV) (curriculum vitae). se include a headshot photo with solid background.
If you are a dual citizen of another cou	untry please provide which countrie	es
Height:	Weight:	
Eye Color:	Hair Color:	
Date of Birth:	Sex:	
Phone:	Email:	
Place of Birth:		
Physical Address:		
- ,	may be rescinded if laws of the State of SCNRI	ing: Member Citizen shall be subject to a background check; Member FP are violated; Member Citizen agrees to follow the laws of the State o ate of SCNRFP).
Effective Date:		
Print Complete Name:		
Signatory Authority: Note: If a minor, this form must be significant also provide their ID	ned by one of the parents or a lega	Il guardian, and the patent(s) or legal guardian (signer)