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:

***IF THE FOLLOWING IS NOT COMPLETED THE FORM CAN BE CONSIDERED INCOMPLETE AND NOT ACCEPTABLE:**

Print Full Name

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

The Following Information is Required:

MUST BE ATTACHED: The Following Information is Required: Attached: a copy of your lineage, a copy of driver license and copy of passport, a copy of business and or personal synopsis or (CV) (curriculum vitae), and a headshot photo with solid white background phone camera photo is acceptable. Provide written detailed reasons and purposes for your desire to become a member citizen of the State of SCNRFP government. Provide Three Reference Contacts Names and Numbers. Return completed form to scnrfp@stategov.services

If you are a 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: _____

Emergency Contact Name and Number: _____

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to the following: Member Citizen shall be subject to a background check; Member Citizen is a privilege and may be rescinded if laws of the State of SCNRFP are violated; Member Citizen agrees to follow the laws of the State of SCNRFP (including laws & regulations adopted with the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 this is a minor applying for citizenship, this form must be signed by one of the parents or a legal guardian, and the patent(s) or legal guardian (signer) must also provide their ID.