|  |  |  |  |
| --- | --- | --- | --- |
| **Individual** |  | **Family** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Use Only****Landerman :****Date:** |

|  |  |
| --- | --- |
| **Accepted** |  |
| **Rejected** |  |
| **APN#** 58742734 |  |

**Landerman Init.** | **Secretary Init.****Processing and Issue date:** |

**Place your initial in the box that applies to you in this application: Individuals are for those coming in alone. Family is for multiple application processing and keeping records together. If you are applying as a family then place the first 4 characters of the family last name accompanying the #1,2,3,4 etc. (E.g. (Freemans = Free1, Free2, Free3, Free4)**

**Please carefully read below instructions for TXNM Tribal Entry Sheet /Myqu.tean Amerindian ID Cards**

**WE will need the following information from you to creation and design for your ID. You may type the required information below on this document for each and send back to us!**

**\*RM means Registered Member=Real Name**

1. **Name of Registered member (RM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **RM - Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ 3. RM - Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_**

**4. RM - Eye Color: \_\_\_\_\_\_\_\_\_\_\_ 5. RM - Height: \_\_\_\_’\_\_\_\_\_” RM - Weight: \_\_\_\_\_\_lbs**

1. **RM SEX: M / W 7. RM - Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**8. RM – Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. RM – Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Spiritual Practice(if Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Disclosure- Please Read\*: The below collected information is used for the purposes only of our Tribal database, Financial, Health/Medical and Diplomatic Relations with other tribal governments/foreign governments. Privacy Protection Disclosure: The following collected information is solely kept private to these documents and not shared with any Entity, Agency, Official, or Governmental Office without the notice to owner of information and have been permitted authorization of use by the owner of below information. All information collected and filed with the Tribal Government may be used for the following purposes in tribal member protection against foreign entities: Estate and Trust Development, Collections/Restitution, Legal/Lawful Procedures, and Medical Aid.**

1. **SSN #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**
2. **DL/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION:**

**Have a medical record? [Yes/No]**

**Please briefly specify if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Blood Type (if known):\_\_\_\_\_\_\_\_**

**14. Mothers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Maiden:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**15. Fathers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

**16. Siblings(To you):[YES/NO] if yes how many**

**\*Disclosure Please Read\*: The below collected information is used for the purposes only for Tribal ID Creation, and with RM(your) consent, use or creation of electronic signature in the absence of designated signee or RM relative to any meetings or agreements in remote or unstable mobility situations.**

**17. Write your signature of your name in BLUE thin sharpie ink at bottom of page. In the blank box area.**

1. **Send a Digital Copy of the Passport style photo as an attachment to TXNMGov@protonmail.com**
2. **Send this document here with all required information to process ID Card**
3. **Agree/Disagree to creation of digital signature below? (For the purposes relative to any public tribal member meetings or agreements between members or Tribal Trust Organization in remote or unstable mobility situations e.g. covid-19 virtual related conferences/meetings, documentation signing, etc. As the needs change Tribal Trust is under obligation to disclose any said updates in the usage of a digital signature.) [YES/ NO]**

Acceptance and Attestation: **The signing below will constitute a consenting and assenting signature to this entry sheet and agree to the Allegiance to Myqutean Peoples, Government, Tribal Constitution and Myqutean Imperial Trust Bylaws consisting and not limited to - Tribal Member Protection, Tribal Trust Asset Protection and Financial Assistance, Nationality Status Correction.**

**ATTESTATION OF UNDERSTANDING AND CERTIFICATION OF INFORMATION: By signing below, the RM understands and accepts the responsibility for the use of the ID card along with any other and/or of its identification documents. Myqutean Imperial Trust holds no responsibility for any wrong usage or tamper, self replication and RM understands they are solely responsible for the proper usage of that ID Card and or any of its accompanying documents, which are then such bearers property. Any fees collected with this Entry Sheet for processing is non-refundable. The RM swears that the information on this form is true and correct. Important: RM under 18 years of age must have the Attestation of Understanding and Data Consent signed by a parent or guardian.**

**DATA CONSENT: By Signing below, the RM under explicit consent (opts in) and free will as voluntary to provide and share their personal information and data.**

**Please sign within the below box and date of completion of this application:**

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Privacy Act Statement:** Your information will be used to provide TXNM/ Myqutean Imperial Trust service. Pursuant to 5 U.S. 105, as collection is authorized by TXNM/Myqutean Imperial Trust and Tirla Xyahka Ne Myqut Constitution for Government to Governmental Affairs. Supplying your information is voluntary but not if not provided, if would make it hard to review and accept this entry sheet as completed and we may not be able to be of service to you. We do not disclose your information to any third parties without your consent, except to act on your behalf or request, or as legally required at your discretion. This includes the following circumstances: to a congressional office on your behalf; to agencies and entities to facilitate or resolve financial matters; to a law enforcement office or lawful purpose; to labor organizations as to where required by applicable law; to tribal government agencies in connection with decisions as necessary; to agents or contractors when necessary to fulfill a business function or provide products and services to business related customers; for member service purposes; to a federal, state, or local government agency for the performance of its duties; to a person empowered to serve legal process; and to a foreign government agency for violations and alleged violations of law.

**PROCESSING FEE = $150 PAYMENT: Money Orders ONLY - NO CASH ACCEPTED Fee Purpose: ID Card Creation**

**Make money order payable to: Tu Tirla Xyahka Ne Myqut**

**If sending payment and application by mail:**

**Tu Tirla Xyahka Ne Myqut**

**99 Wall Street #3691, New York, New York [10005]**

**Note: When mailing application please include a self-addressed Certified Return Mail envelope via the USPS to ensure proper return delivery of your paperwork.**