48660 West Poppy Soldotna, Alaska 99669
P.O. Box 1425 Kenai, AK 99611
Phone: 907-283-2700 Fax: 907-331-0511

Salamatof Tribal Enrollment Application

Members are identified on Salamatof Tribal Council Membership Roll. Salamatof Native Association, Inc shareholders and their descendants are eligible for Tribal membership. Other Alaska Native/American Indians/Hawaiians are eligible for annual membership if they live in the Kenai, Soldotna, Nikiski, Sterling, Kasilof areas. Annual Membership ceases if the person(s) moves. Annual Membership must be renewed every year.

Full Name:			
Last Name	First Name		M.I
Other Names Used: (Maiden etc.)			
Mailing Address:			
	City	State	Zip Code
Physical Address:			
	City	State	Zip Code
Email Address:			
Telephone Number:	Social Security Number:		
Birth Date: ____ /___/ _____	Birthplace:	Sex:	☐ Female ☐ Male
Referred by:			
Application Filled out by:		Relationship to Applicant:	☐ Parent ☐ Sponsor ☐ Self

A COPY OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ENROLLMENT VERIFICATION:

- ☐ Family Tree Form filled out (see back page)
- ☐ Identification (ID) (over age 18)
- ☐ Birth Certificate (Everyone)
- ☐ Social Security Card
- ☐ Bureau of Indian Affairs Certificate of Indian Blood (CDIB)
- ☐ Proof of Residency (utility bill, lease agreement, etc.)
- ☐ If adopted, please attach adoption paperwork (if applicable)
- ☐ Name Change Documentation (Marriage licenses, divorce decree etc. if applicable)

I HEREBY CERTIFY THAT THE STATEMENTS GIVE IN FOR THE PURPOSE OF ENROLLEMENT ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE

Signature	Printed Name	Date

Clan: _____

Membership Type: ☐ Tribal ☐ Annual

For office use only

Rev: 7/18/24

Enrollment #: _____

Enrollment Date: _____

For office use only

Salamatof Tribe Family Tree

Please add as much information as possible. Dates of birth really help us when trying to identify members. Enrollment #'s help but are not required.

Applicant: _____
Siblings: _____

Biological Father: _____
DOB: _____
Enroll # (If known) _____
Fathers Siblings _____

Biological Mother: _____
DOB: _____
Enroll # (If known) _____
Mothers Siblings _____

Father: _____
DOB: _____
Enroll # (If known)

Mother: _____
DOB: _____
Enroll # (If known)

Father: _____
DOB: _____
Enroll # (If known)

Mother: _____
DOB: _____
Enroll # (If known)

Father: _____
DOB: _____
Mother: _____
DOB: _____

Father: _____
DOB: _____
Mother: _____
DOB: _____

Father: _____
DOB: _____
Mother: _____
DOB: _____

Father: _____
DOB: _____
Mother: _____
DOB: _____

DOB = Date of Birth
Enroll # = Enrollment Number

Where does your family originate from? _____

What clan do you belong to? _____