



110 N. Willow St., STE 127, Kenai, AK 99611

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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: <input type="checkbox"/> Female <input type="checkbox"/> Male
Referred by:			
Application Filled out by:	Relationship to Applicant:		<input type="checkbox"/> Parent <input type="checkbox"/> Sponsor <input type="checkbox"/> Self
A COPY OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ENROLLMENT VERIFICATION:			
<input type="checkbox"/> Family Tree Form filled out (see back page)			
<input type="checkbox"/> Identification (ID) (over age 18)			
<input type="checkbox"/> Birth Certificate (Everyone)			
<input type="checkbox"/> Social Security Card			
<input type="checkbox"/> Bureau of Indian Affairs Certificate of Indian Blood (CDIB)			
<input type="checkbox"/> Proof of Residency (utility bill, lease agreement, etc.)			
<input type="checkbox"/> If adopted, please attach adoption paperwork (if applicable)			
<input type="checkbox"/> 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: <input type="checkbox"/> Tribal <input type="checkbox"/> Annual		Rev: 7/18/24	
<i>For office use only</i>		Enrollment #: _____ Enrollment Date: _____ <i>For office use only</i>	

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: _____

Where does your family originate from? _____

What clan do you belong to? _____

DOB = Date of Birth
 Enroll # = Enrollment Number