

# Membership Application - "Associate"

For Friends who can demonstrate no Native Blood

## SOUTHEASTERN CHEROKEE COUNCIL, INC.

A 501.C3 non-profit educational corporation



**MAIL ALL APPLICATIONS TO:**

**Registrar, Pamela Sandusky, SeCCI, 16295 Davis Road, Lot 35, Fort Myers, FL 33908**

Pamela "Walela" Sandusky	- Principal Chief and Chief Executive Officer
Theresa "Sun Eagle" Davis	- Vice Chief
Anita "Spirit Talker" Pope	- Treasurer
Pamela "Walela" Sandusky	- Registrar

Please print clearly using ink. Please use a separate Application for each person applying for associate status (Must be 18 years of age). Include a \$30.00 processing/card fee with this application. Return to the above address.

MAKE MONEY ORDER PAYABLE TO: SeCCI.

- 1) Current Legal Name: \_\_\_\_\_
- 2) Maiden Name: \_\_\_\_\_
- 3) What Native American name have you been given: \_\_\_\_\_
- 4) Date of Birth: \_\_\_\_\_ 5) Gender: \_\_\_\_\_
- 6) Last four digits of your Social Security Number (for roll number): \_\_\_\_\_
- 7) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 8) Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
- 9) E-mail Address: \_\_\_\_\_

**This form MUST be signed by a tribal member.**

Relative's name: \_\_\_\_\_ SeCCI Roll Number: \_\_\_\_\_