



Enrollment Applicants:

To ensure that your application for enrollment is complete the following documents need to be submitted:

- 1. Completed enrollment application including a contact phone number for questions (all signatures and information must be completed).**
- 2. Completed family tree (to the best of your knowledge).**
- 3. State Certified Original Birth Certificate (this CBC will remain property of the Lower Elwha Enrollment Department).**
- 4. Copy of the applicant's Social Security Card.**
- 5. Certification of Indian Blood from other Federally Recognized Tribes if any other blood quantum needs to be calculated into the total blood quantum for the applicant.**



LOWER ELWHA KLALLAM TRIBE

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2851 Lower Elwha Road
Port Angeles WA 98363

(360) 452-8471
Fax: (360) 452-3428

TRIBAL MEMBERSHIP APPLICATION

APPLICANT: _____

(NAME)

LAST

FIRST

MIDDLE

OTHER NAMES: _____

(INCLUDE MAIDEN, PREVIOUS NAMES, ALIAS, ETC.)

ADDRESS: _____

(STREET, HOUSE OR BOX NUMBER)

CITY

STATE

ZIP CODE

SEX: _____ SOCIAL SECURITY # _____ PHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Is applicant an adopted child? _____ Yes _____ No

Is applicant a member of another Tribe? _____ Yes _____ No (If yes, please give name of the Tribe):

_____ Membership # _____

PROOF OF BIRTH MUST BE ESTABLISHED: A State Certified Birth Certificate must be purchased at the expense of the applicant, and submitted with the application. The CBC will remain the property of the L.E. Enrollment Department. If no CBC is submitted the application will be considered incomplete, until one is submitted.

FAMILY TREE must be completed. PLEASE ATTACH A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD.

I hereby declare that the information supplied herein is accurate and correct to the best of my knowledge and I am aware that a fine of not more than \$10,000.00 or imprisonment for not more than five years, or both, can be levied for making false or fraudulent statements in connection with any matter within the jurisdiction of any department or Agency of the United States.

Date _____ Signature _____

Relationship _____ Address _____

LOWER ELWHA KLALLAM TRIBE



Family Ancestry Chart

and blood degree

Name

Tribe(s) & Blood Quantum

Elwha Klallam

Date of Birth

Place of Birth

PREPARED/REVISED BY

For Office Use Only

DATE REVIEWED OR REVISED

- Automatic Enrollment
- Adoption Enrollment

FATHER
Tribe(s) & Blood Quantum
Date and Place of Birth
MOTHER
Tribe(s) & Blood Quantum
Date and Place of Birth

PATERNAL GRANDFATHER
Tribe(s) & Blood Quantum
Date and Place of Birth
PATERNAL GRANDMOTHER
Tribe(s) & Blood Quantum
Date and Place of Birth

MATERNAL GRANDFATHER
Tribe(s) & Blood Quantum
Date and Place of Birth
MATERNAL GRANDMOTHER
Tribe(s) & Blood Quantum
Date and Place of Birth

GREAT GRANDFATHER
Tribe(s) & Blood Quantum
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