



TRIBAL MEMBERSHIP CARD RENEWAL FORM

Used by enrollment specialist to verify identity, update contact information, and obtain permissions. To be completed once every 10 years for an adult, 5 years for a child, or in the event that an outdated application was used.

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|--|---------|--|---------------|-----------------|
| First Name: | Middle: | Last: | Maiden/Other: | |
| Mailing Address: | City | State: | Zip: | E-Mail Address: |
| Cell/Home Phone: | | | | Date of Birth: |
| Tribal Affiliation: | | | | |
| Birth order from biological mother: (i.e. 1st, 2nd, or 3rd child): | | Birth order from biological father: (i.e. 1st, 2nd, or 3rd child): | | |
| Marital Status (single, married): | | Social Security Number: | | |
| Birth Mother: | | Mother's Maiden Name: | | |
| Birth Father: | | Adopted Parents | | |

STATEMENT OF TRUTH & RELEASE OF INFORMATION

- I certify that the information provided is true to the best of my knowledge.
- I authorize the Tribal Enrollment department of Tanana Chiefs Conference to verify my enrollment status, blood quantum, and (ONLY in the cases where there is a question of inheritance) lineage to the following entities.

Please initial all that apply:

Educational programs like Alaska Native Education, Higher Education institutions, financial aid, etc.

ANCSA Corporations (like Doyon, NANA, K'oyitl'ots'ina, etc. usually to discuss a possible inheritance.)

Other enrollment departments of Indigenous tribes, to assist in calculating blood quantum and eligibility for descendants.

T.C.C. programs, such as land probate, employment & training, TANF, Head Start, etc.

A medical facility (such as ANMC or CAIHC) that needs enrollment verification for medical treatment, when no other enrollment verification is available.