

**Subject: Enrollment Application**

Dear Applicant,

Thank you for your interest in enrolling in the Native Village of Port Lions (NVPL). Qualifications for Membership as stated in our Enrollment Ordinance, Ordinance No. 1994-01-(d) read as follows:

**All persons who are descendants of any Alaska Indian, Eskimo, or Aleut Blood, or combination thereof, may be considered for membership within the Native Village of Port Lions Tribe if (s)he;**

- 1. Is a direct lineal descendant of a member whose name appears on the official base roll of the Native Village of Port Lions; or*
- 2. Is adopted as a member of the organization by an affirmative vote of not less than five (5) members of the Native Village of Port Lions Traditional Tribal Council.*

The Native Village of Port Lions does **not** accept dual enrollment with any other Tribe other than the Native Village of Afognak. If you are currently enrolled to another Tribe, please provide proof of relinquishment. Should you have any questions regarding the application process or required documents, please contact the Family Services Coordinator at (907) 454-2234 or email [familyservices@portlionstribe.org](mailto:familyservices@portlionstribe.org) For your reference, below is a list of required documentation attachments for a complete application.

- Ancestry Chart
- Copy of Birth Certificate
- Copy of Certificate of Indian Blood (CIB)

Sincerely,  
Native Village of Port Lions  
Port Lions Traditional Tribal Council





Email: [familyservices@portlionstribes.org](mailto:familyservices@portlionstribes.org)

Updated: June 23, 2017

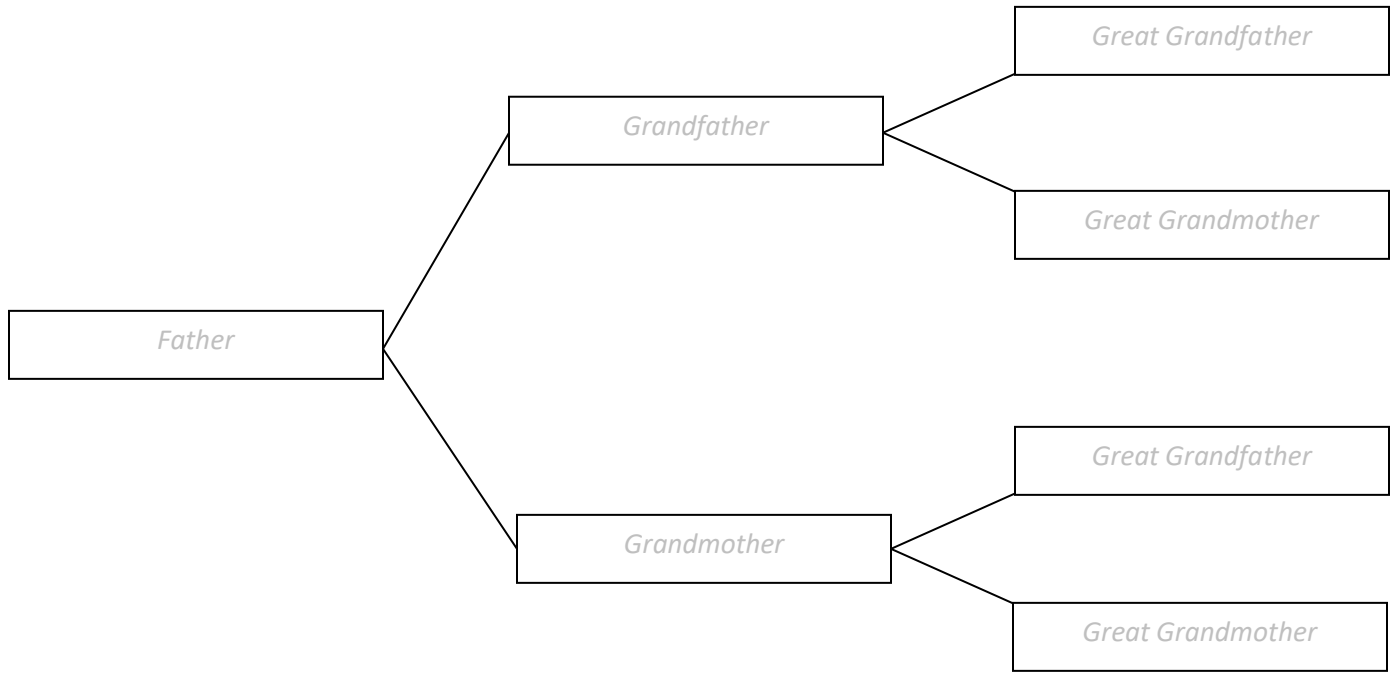
**APPLICATION FOR ENROLLMENT**

Full Legal Name (Last, First, Middle)			Other Names Known By:
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Maiden, Indian, Nickname, etc.)</i>
Address:			Date of Birth:
			Place of Birth:
			Social Security # <i>(optional)</i> :
Gender of Applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female			Degree of Indian Blood Claimed: <b>(A copy of a Certificate of Indian Blood must be provided).</b>
Type of Applicant: <input type="checkbox"/> Direct Lineal Descendant <input type="checkbox"/> Adoption			
Is the Applicant an adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Applicant currently enrolled in another Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes name of Tribe: _____			
If yes have you relinquished your enrollment with them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Father's Name:			
Is the Father enrolled to a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes which tribe?			
Mother's Name:			
Is the Mother enrolled to a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes which tribe?			
Name of Ancestor on Base Roll through whom enrollment rights are claimed: <b>Note: Not all Tribal Members are on the Base Roll if you are unsure call the Enrollment Clerk at (907) 454-2234 for assistance.</b>			
Name:		Enrollment No.:	
Ancestor's Relationship to Applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other (Specify):			
By signing this enrollment application I Certify under penalty of Perjury that the information I have provided is true.			
<b>X</b>			
Signature of Adult Applicant or Tribal Sponsor			Date
Contact number:		Email:	
Sponsor's relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (Specify):			

**For Office Use Only**

Received By:	Date Received:
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NVPL Ancestry Chart  
Required Document



Applicant

