



NOME ESKIMO COMMUNITY  
P.O. Box 1090  
Nome, Alaska 99762  
Phone: (907) 443-2246  
Fax: (907) 443-3539  
www.necalaska.org

**PLEASE FILL OUT THE APPLICATION COMPLETELY**

Applicant's Full Name: \_\_\_\_\_

Eskimo, Indian, Maiden, or other name used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip Code

Physical Address: \_\_\_\_\_  
(optional)

City State Zip Code

E-Mail Address (Optional): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work or Message Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State

Social Security Number: \_\_\_\_\_ Male Female

Status: Child Single Married Divorced

Ancestor(s) on base roll through whom enrollment rights are claimed to the NEC tribe:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent(s)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Grandparent(s)

Main Culture: \_\_\_\_\_ Total degree of Alaska Native blood: \_\_\_\_\_  
(i.e. Native American, White, Hispanic, etc.)

Culture Affiliation \_\_\_\_\_  
(i.e. Inupiaq, Yupik, Athabascan etc.)

	YES	NO
Is the applicant of direct lineal descendent to a NEC member?	_____	_____
Are either of your parents enrolled with another tribe? If so, What tribe? _____	_____	_____
Is the applicant enrolled with another tribe? If so, What tribe? _____	_____	_____
Is the applicant an adopted child?	_____	_____

**AFFIDAVIT**

I understand that the decision to be accepted to membership of Nome Eskimo Community will be made by the Nome Eskimo Community Tribal Council and that you will be notified of the Council's decision, in writing.

\_\_\_\_\_  
Signature of Applicant or Sponsor

\_\_\_\_\_  
Date

**IMPORTANT**

1. A copy of birth certificate must be submitted with this application.
2. If at all possible provide a copy of social security card.

**Recommendation of Enrollment Officer:**

Approve \_\_\_ Disapprove \_\_\_ Reason:  Lineal Descent  Sponsored/Adopted

\_\_\_\_\_  
Signature of Enrollment Officer

\_\_\_\_\_  
Date:

**Action by Council**

**VOTES**                      FOR: \_\_\_\_\_                      AGAINST: \_\_\_\_\_

Approve \_\_\_ Disapprove \_\_\_ Reason: \_\_\_\_\_

# Ancestry Chart



			Great-Grandfather
		Grandfather	Tribe & Blood Degree
		Tribe & Blood Degree	Great-Grandmother
	Father		Tribe & Blood Degree
	Tribe & Blood Degree		Great-Grandfather
		Grandmother	Tribe & Blood Degree
		Tribe & Blood Degree	Great-Grandmother
			Tribe & Blood Degree
Applicant			Great-Grandfather
Tribe & Blood Degree		Grandfather	Tribe & Blood Degree
		Tribe & Blood Degree	Great-Grandmother
	Mother		Tribe & Blood Degree
	Tribe & Blood Degree		Great-Grandfather
		Grandmother	Tribe & Blood Degree
		Tribe & Blood Degree	Great-Grandmother
			Tribe & Blood Degree