

SOUTHERN CHEROKEE NATION OF KENTUCKY

TRIBAL ENROLLMENT APPLICATION

Principal Chief: Doug Mountain Spirit

Vice Chief: Heather Autumn Breeze

Registrar: Larisa White Owl

Speaker: Russell White Wolf

LAST NAME

FIRST

MIDDLE

MAIDEN

Male

Female

Physical Address

City

State

Zip

Mailing Address

City

State

Zip

Date of Birth:

MO Day

Year

LAST FOUR of Social Security Number

Phone Numbers: () _____ () _____ () _____

HOME WORK CELL

E-Mail Address:

I am Applying for: BY BLOOD ASSOCIATE HONORARY

I certify that I DO NOT belong to another Indian Tribe:

Signed (In Ink) _____ Date

Guardian Signature:

*Mail Application to:
SCNK Registrar
PO Box 481
Allen, Kentucky 41601

** Please don't forget to include your check or money order, made payable to: SCNK.

FEES ARE \$20.00 PER PERSON (OR)

FAMILY PLAN IS \$60.00 FOR HUSBAND, WIFE AND ALL MINOR CHILDREN COMBINED.

IF YOU ARE DOING THE FAMILY PLAN BE SURE TO FILL OUT A SEPERATE APPLICATION FORM FOR EACH FAMILY MEMBER AND SEND ALL FORMS IN THE SAME ENVELOPE.

*****PLEASE REFER TO THE "APPLICATION GUIDELINES"
FOR STEP BY STEP INSTRUCTIONS. *****

*****The Legal Physical address that will be entered on your ID CARD MUST be a E911 COMPLIANT address. Communication to Mailing address can be a PO BOX or FBO*****