



Cheesh'na Tribal Council Tribal Enrollment Application

Cheesh'na Tribal Council
HC01 Box 217
Gakona, AK 99586
907-822-3503

How to Use This Form

There are multiple ways you can complete this form:

Option 1: Print and complete by hand.

When finished, you can:

Scan the completed form and email to **BOTH tribaladmin@cheeshna.com AND enrollment@cheeshna.com**. Please do not forget to attach any additional required materials to your email.

**OR, send a hard copy via mail to:
Cheesh'na Tribal Council
HC01 Box 217
Gakona, AK 99586**

Option 2: On your computer.

This PDF is interactive, allowing you to fill it out in your browser. Should you have any trouble filling it out in your browser, try downloading the file and opening it on your computer.

Boxes that look like this can be typed in. Click the box to begin typing.

Boxes that look like this are either / or responses. Please select *one*.

Boxes that look like this are multiple choice responses. You may select as many as are applicable.

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Please note: Depending on your device and where you are viewing this PDF, some functions may be unavailable. If you need assistance filling out this form, please get in touch with us.

Email: tribaladmin@cheeshna.com

Phone: [907-822-3503](tel:907-822-3503)

Website: cheeshna.com



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Tribal Enrollment Form

Full Name: _____ Gender: Female Male

Applicants Maiden Name or Other Name Applicant is Known By: _____

Applicants Native Name(s): _____

Date of Birth: _____ Date of Death: _____ Base Roll Member Yes No

Place of Birth: _____ Clan: _____

Race: Alaska Native American Indian Asian African American Hispanic/Latino
 Native Hawaiian or Pacific Islander Caucasian/White Mixed Race

Hair Color: Brown Black Blond Auburn Chestnut Red Grey White Bald

Eye Color: Brown Blue Gray Green Hazel Amber

Mailing Address: _____
Address City State Zip

Physical Address: _____
Address City State Zip

Home Email: _____ Work Email: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Message Telephone: _____

Biological Mother: _____ Biological Father: _____

Mother Clan: _____ Father Clan: _____

BIA CIB Degree of Native Blood Claimed: _____
Athabascan Aleut Tlingit Eskimo Other (specify) Total

Tribal Enrollment:

Tribe: _____ **Clan:** _____ **Enrollment#:** _____ **Date:** _____

Tribe: _____ **Clan:** _____ **Enrollment#:** _____ **Date:** _____

Tribe: _____ **Clan:** _____ **Enrollment#:** _____ **Date:** _____

Mothers Enrolled Tribe: _____ **Fathers Enrolled Tribe:** _____

Maternal Grandmother: _____ **ANSCA Enrollment Information:** _____

Maternal Grandfather: _____ **ANSCA Enrollment Information:** _____

Paternal Grandmother: _____ **ANSCA Enrollment Information:** _____

Paternal Grandfather: _____ **ANSCA Enrollment Information:** _____

ANSCA Corporate Shares:

Corporation: _____ **# Shares:** _____ **Enrollment #:** _____

Corporation: _____ **# Shares:** _____ **Enrollment #:** _____

Corporation: _____ **# Shares:** _____ **Enrollment #:** _____

I H S Record Number: _____ **Local I H S Provider/Clinic:** _____

Additional Notes or Attachments: _____

Certified Birth Certificate on File: Yes No

Certificate of Indian Blood on File: Yes No

Please attach or email a recent photo for identification card or request a digital photo be taken at the tribal office.

For Tribal Enrollment Staff Only:

Date Entered in RiteTrack: _____ **Initials of Data Entry Personnel:** _____