

SPOKANE TRIBE OF INDIANS

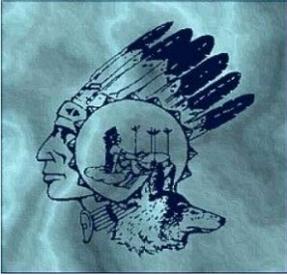
APPLICATION FOR ENROLLMENT

DNA Testing

- DNA is required for all new enrollments
- DNA testing is conducted only if it affects the individual's blood quantum (ONLY THE PARENT(S)/GRANDPARENT(S) WITH TRIBAL BLOOD)
- Appointment is required
 - Contact the Enrollment Department to schedule an appointment
 - DNA appointments will be scheduled Monday – Thursday before 12:00 pm (If you live out of state or are unable to come to the Enrollment Office your appointment may be scheduled at a Lab near you)
 - The collection process takes approximately 30 minutes
 - Adults must provide photo ID
 - Birth Certificates or Hospital Record of Birth is required for minors
- The cost is \$25.00 per individual tested
 - The cost is the responsibility of the individuals being tested
- Buccal Swab is the type of sample collected
- Payment is accepted by Money Order or Cashier's Check
 - Payable to: **LabCorp of America**
- Results are received within two (2) weeks
 - Results are kept confidential
- Kinship testing occurs if the biological parent is not available for testing

SPOKANE TRIBE OF INDIANS

APPLICATION FOR ENROLLMENT



NAME OF APPLICANT: _____

DOB: _____/_____/_____

SEX: MALE () FEMALE ()

SSN: _____-_____-_____

Address of Applicant: _____
PO Box/Street City, State Zip

Applicant(Adult) Phone Number: _____

1. Has the applicant ever been a member of the Spokane Tribe? () Yes () No
2. Is the applicant currently or ever been, an enrolled member of another Indian Tribe?
Yes/No If Yes, name of Tribe: _____
3. Is applicant an adopted child? () Yes () No
4. Has the applicant ever had a legal change of name? () Yes () No
If yes, attach marriage certificate and/or decree of dissolution and/or court documentation of legal name change.
5. Give the name of father, mother and mother's maiden name (pg.2). If either is non-Indian, give race (pg.2).

To become an enrolled member of the Spokane Tribe of Indians, the applicant must fall into one of the following categories pursuant to the Spokane Tribe of Indians Constitution, Article III – Membership:

Section 1. The membership of the Spokane Tribe shall consist of:

- (a) All persons of Spokane Indian blood whose names appear on the official census of the Spokane Tribe as of January 1, 1951, provided that corrections may be made in said census by the Business Council subject to the approval of the Secretary of the Interior, as long as such approval is required by law.
- (b) All children of one fourth (1/4) or more degree of Indian blood born subsequent to January 1, 1951, but prior to midnight, September 1, 1963, to any parent who is an enrolled member of the Spokane Tribe and
- (c) All children of ¼ or more degree of Indian blood born with at least one biological parent or grandparent who is an enrolled member of the Spokane Tribe at the time the child applies for enrollment.^{19, 22}
- (d) All persons whose names appear on the official enrollment records of the Spokane Tribe as of midnight December 31, 2010 shall serve as the official census of the Spokane Tribe.¹²

Section 2. Transfer of Enrollment: The requirements for transfer of enrollment from another tribe into the Spokane Tribe shall be the same as listed in Section 1 of this Article.^{2, 11}

Required information:

1. Application (notarized)
2. Certified Birth Certificate (original)
3. DNA Test Results
4. Parents certification of enrollment/certificate of Indian blood (if applicable)
5. Social Security Card (copy)

Note: Application for enrollment must be accompanied by certified birth certificate. If a parent is from another Indian Tribe, application must include certification of Indian blood (CIB) from agency of tribe where enrolled.

APPLICANTS BIOLOGICAL PARENTS

Name of Biological Mother: _____

DOB: ____/____/____ Birth Place _____ Date of Death: ____/____/____
(if applicable)

Social Security # _____ - _____ - _____ (optional) Phone#: _____ - _____ - _____

U.S. Citizen () Other: _____

Current Address: _____
(PO Box/Street) (City/State) (Zip)

1. Is the mother currently an enrolled member of the Spokane Tribe? () Yes () No If yes, roll # _____
2. Is the mother currently or ever been, an enrolled member of another federally recognized Indian Tribe? () Yes () No
If yes, name of Tribe: _____ roll# _____
Location/Address: _____
3. Has the mother ever had a legal change of name? () Yes () No
If yes, other names: _____

Name of Biological Father: _____

DOB: ____/____/____ Birth Place _____ Date of Death: ____/____/____
(if applicable)

Social Security # _____ - _____ - _____ (optional) Phone#: _____ - _____ - _____

U.S. Citizen () Other: _____

Current Address: _____
(PO Box/Street) (City/State) (Zip)

1. Is the father currently an enrolled member of the Spokane Tribe? () Yes () No If yes, roll# _____
2. Is the father currently or ever been, an enrolled member of another federally recognized Indian Tribe? () Yes () No
If yes, name of Tribe: _____ roll# _____
Location/Address: _____
3. Has the father ever had a legal change of name? () Yes () No
If yes, other names: _____

***PLEASE FILL IN THE FAMILY TREE ATTACHED TO THE BACK OF THIS APPLICATION**

**Spokane Tribe of Indians
Release of Information Authorization**

To Whom It May Concern:

THE UNDERSIGNED hereby authorized the release of any and all information and documentation pertaining to the Applicant as may be requested by the Spokane Tribe's Enrollment Officer. I authorize that a photocopy of this authorization will be considered as valid and effective as the original.

I release you from any liability and responsibility that may otherwise appertain unto you for release of any information and/or documentation concerning the Applicant that may be requested.

By signing below I acknowledge that I have read and understand the Release of Information Authorization and if I, the Applicant, am enrolled in another tribe during the application process, the other tribe will be notified of the application process. Under the penalty of perjury under the laws and ordinances of the Spokane Tribe of Indians, I hereby voluntarily sign this Release.

NOTICE: The Applicant or Guardian is again advised that this Membership Application will be processed in due course under the particular circumstances determined by the Enrollment Officer to ensure and verify that the requirements for Membership of the Applicant have been met.

Completion and submission of this Application and initially provided documentation should not be considered by the Applicant or Guardian to complete the process on behalf of the Applicant.

The Enrollment Officer or Enrollment Committee AT ITS DISCRETION may request further information and documentation; and/or may also require the cooperation of the Applicant and related persons to submit to a DNA test to be undertaken at the Applicant or Guardian expense.

This Enrollment Application is submitted to the Spokane Tribe of Indians and the Enrollment Officer as true, complete and correct under penalties of perjury of the laws and ordinances of the Spokane Tribe.

Signature of Applicant (18 yrs or older)

Date Signed

Signature of Enrolled Parent (Spokane)

Date Signed

Signature of Parent/Guardian/Enrolled Parent

Date Signed

On this day _____ of _____ appeared before me, _____,
signed this Application of Enrollment and affirmed that he/she understood and that its contents are truthful.

(Seal or Stamp below)

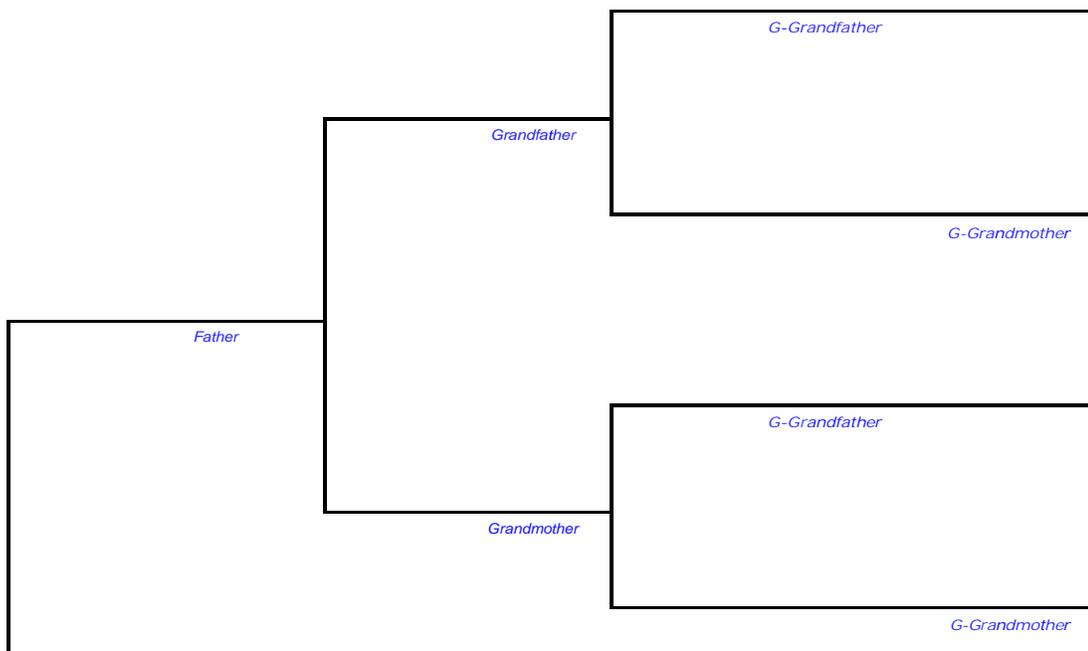
(Signature of Notary)
Notary Public for the State of _____
County of _____
Residing at _____
Commission Expiration _____

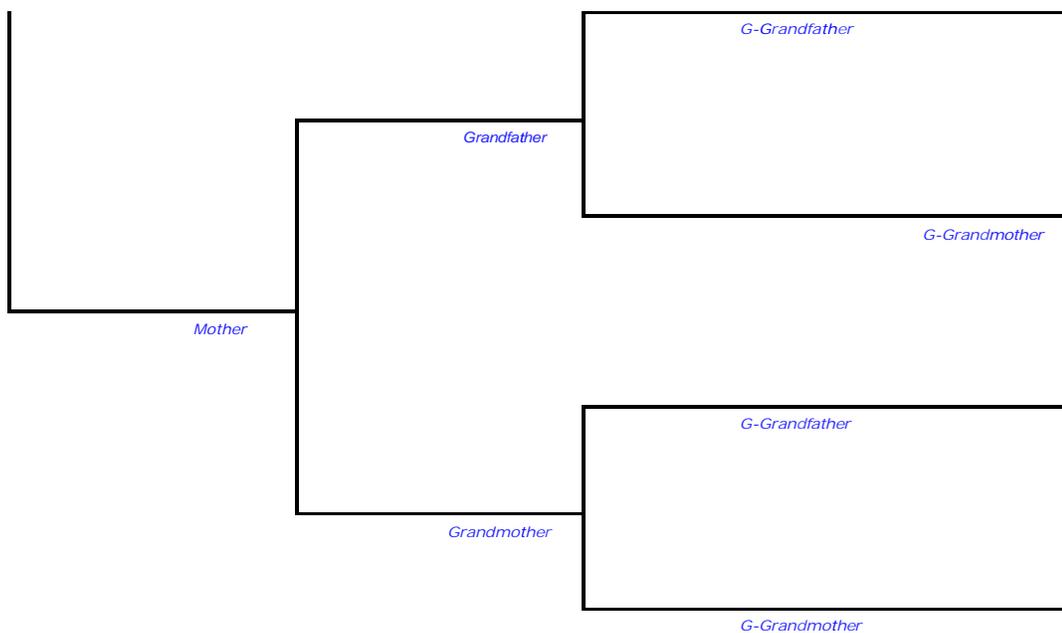
Amendment Approved by Northwest Regional Director pursuant to authority re-delegated (10 BIAM 3.1(dated February 18, 1989) on February 8, 2005.)

Return Originals to:
Spokane Tribe of Indians PO Box 100 Wellpinit, WA 99040 509-458-6523 vickir@spokanetribe.com

Spokane Tribe

Family Tree Chart for:





***Please fill in as much of the Family Tree as you can**