



Enrollment Application

Chinook Indian Nation

P.O. Box 368, Bay Center, WA 98527 • Phone: 360-875-6670 • Fax: 360-216-2995

E-Mail: Office@ChinookNation.org

Thank you for your interest in applying for enrollment into the Chinook Indian Nation. If you have questions in the preparation of these forms, please contact us by telephone 360-875-6670 fax 360-875-6680 or E-Mail: office@chinooknation.org

Enrollment Application Process: Complete and return Enrollment Application Forms and birth certificate to the address above.

The Enrollment Officer will research your application. You will be contacted if further information will be required.

The Enrollment Officer will then submit the researched files to the Enrollment Committee. The Committee will review your application and submit approved files to the Tribal Council for enrollment into the Chinook Indian Nation. You will receive a letter prior to the Council meeting so that you may attend. After the Tribal Council votes on your enrollment, you will receive a Certification Letter and an Enrollment Card.

The Chinook Indian Nation is currently enrolling new members once a year, in June. Please submit your application before April 15th.

Enrollment Application Checklist:

- ☐ Chinook Enrollee Application (contact information, etc.) ☐ Individual History Chart
☐ Ancestry Chart ☐ ENCLOSED State Issued Birth Certificate (photocopies are fine)

Full Name: _____

Birthdate: ____ / ____ / ____ Sex: M ☐ F ☐ Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Email: _____

Names and relationship of Enrolled Ancestors (i.e. parents, grandparents):

Is the applicant enrolled in another Tribe? Yes ☐ No ☐ If yes, which Tribe? _____

Signature of Applicant (or parent/guardian for minor children ONLY)

Date

FOR TRIBAL OFFICE PROCESSING ONLY

Pending file created by: _____

Enrollment Committee Review on: _____

Enrollment No.: _____ - _____

Applicant's Name: _____

Name of applicant's spouse (if applicable): _____

Full Name of applicant's children:	Date of Birth	
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
_____	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>

If you wish to enroll any of the above children, please include a full application for each.

Are the parent(s) listed on your state issued birth certificate your biological parents? Y ☐ N ☐

If No, explain: _____

Name of applicant's Father: _____

Name of applicant's Mother: _____

Name of applicant's Brothers: _____

Name of applicant's Sisters: _____

THIS ABOVE INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.

DATE PREPARED

Signature of applicant or parent (minor children ONLY)

