



**Squaxin Island Tribe**  
**APPLICATION FOR MEMBERSHIP**  
 10 SE Squaxin Lane, Shelton, WA 98584  
 (360) 426-9781

*Use black/blue ink only*  
*Fill out all pages completely and attach all required documents;*  
*Missing documentation or blank spaces will cause delay in process*

- |   |                                  |
|---|----------------------------------|
| 1. Last Name _____                      | 8. Date of Birth _____           |
| 2. First Name _____                     | 9. Place of Birth _____          |
| 3. Middle Name _____                    | 10. SSN _____                    |
| 4. Maiden Name _____                    | 11. Gender: M      F             |
| 5. Married:      Single:      Divorced: | 12. Name of Spouse _____         |
| 6. Phone Number: _____                  | 13. Name of Spouse's Tribe _____ |
| 7. Cell Phone: _____                    | 14. Veteran: Y      N            |

Street Address _____ City _____
State _____ County _____ Zip Code _____
Physical Address if different from above: _____
☀ You must keep us informed whenever there is a change in address or phone number ☀
<b>It is imperative that you keep your records updated. If there is a name change, submit documents to verify.</b>

ANCESTOR (S) through whom applicant claims eligibility:

**NAME**                      **RELATION**                      **BASIC ROLL #**                      **BORN**                      **DIED**

15. Yes      No      Is Applicant an adopted child?
16. Yes      No      Have you ever applied for membership here before? When? \_\_\_\_\_
17. Yes      No      Is Applicant a member of another Tribe? If yes, name Tribe \_\_\_\_\_
18. Yes      No      Is father enrolled in another Tribe? If yes, fill in information below:  
 Name, address and phone number of Tribe \_\_\_\_\_
19. Yes      No      Is mother enrolled in another Tribe? If yes, fill in information below:  
 Name, address and phone number of Tribe \_\_\_\_\_
20. Yes      No      Is enrollment solely dependent on the Squaxin father's Indian Blood?
21. If submitting application on behalf of another, explain: \_\_\_\_\_



**REQUIREMENTS:** For enrollment eligibility or consideration you must meet the requirements of the Squaxin Island Tribe's Constitution and Bylaws, Article II – Membership. The Squaxin Island Tribe does not allow **dual enrollment**, and the applicant must provide the following information:

- **Social Security Card**
  - Copy of card will be accepted
- **Certified Birth Certificate**
  - Father's name must appear if Indian Blood is being claimed. All records must match claims of eligibility
- **Family Tree must be completed**
  - Any spaces left blank will cause delay in process
  - Mother's and Grandmother's must be referred to by their maiden names
  - All Tribal affiliations must be identified for each person
- **Signatures from all those involved are required with this application**
  - The father must signed if enrollment is solely dependent on him
  - Signature of the child if the child is over 18
- **Verify Indian Blood of other Tribal affiliations**
  - Some Tribes verify for other Tribes if they are confederated, but we require ALL Tribal affiliations
  - All certifications must be routed directly to this office from other Tribe's enrollment office
  - No copies will be accepted. Originals only
  - Tribal ID's from other Tribes will not be accepted
- **Support Documents: Marriage, Divorce, Legal Name Change, Court Order Custody.**
- **DNA Testing**
  - Required by all applicants for maternity and paternity purposes

**I understand enrollment in the Squaxin Island Tribe becomes null and void if this information is found to be untrue or inconsistent with facts. I hereby declare that information supplied on this application is correct to the best of my knowledge, and I am aware that there is a fine of no more than \$10,000 or imprisonment for no more than five years, or both, for making false or fraudulent statements in connection with any matter within the jurisdiction of any department or agency of the United States.**

Self \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Court Ordered  
Custodian \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**PER CAPITA BENEFITS** are determined by Tribal Council approved enrollment on June 30<sup>th</sup> of each year. The date you will become eligible for per-capita benefits, following Tribal Council approval of your application.

**CONSTITUTION AND BYLAWS  
of the  
SQUAXIN ISLAND TRIBE**

**ARTICLE II - MEMBERSHIP**

Section 1. The membership of the Squaxin Island Tribe shall consist of:

- (a) All persons of Indian blood whose names appear on the official census roll of the tribe as of January 1, 1940, and their children born between January 1, 1940, and the date of approval of this Constitution.
- (b) All original Squaxin Island Allottees and their direct descendants who are of 1/8 degree or more Indian blood.
- (c) All persons whose names appear on the Charles Roblin's Schedule of Unenrolled Indians of the Squaxin Island Tribe as of January 1, 1919, and their direct descendants who are of 1/8 degree or more Indian blood.
- (d) Any persons who have relinquished their rights of membership in the Squaxin Island Tribe prior to the approval of this Constitution and bylaws will be considered members of the Squaxin Island Tribe if, within one year from the date of approval of this Constitution, they submit official evidence that they have given up their membership in any other tribe.
- (e) All persons of 1/8 degree or more Indian Blood born to any member of the Squaxin Island Tribe, after the date of approval of this constitution and bylaws.
- (f) Corrections may be made in the tribal membership roll by the tribal council at any time, with the approval of the Secretary of the Interior or his authorized representative.

Section 2. An application for membership by adoption from any person of 1/8 degree or more Indian blood regardless of tribe, may be approved by a majority of members at a regular or special general council meeting, and must also be approved by the Secretary of the Interior.