

The Suquamish Tribe
Port Madison Indian Reservation
Application for Membership

PHONE # _____ Social Security Number _____

1. Name of Applicant:

Other Name(s) by which known:

2. Address: _____ City _____ Zip code _____

3. Sex: _____ 4. Date of Birth _____

5. Place of Birth: _____

- Is the Applicant a member of another Tribe / Band / Nation? _____
- Name of Tribe _____
- Is this a U. S. Tribe? _____
- If not please specify _____

6. If married, give full name of spouse: _____

- Spouse's Tribe: _____
- Is Spouse a member? _____

If yes please provide certificate of Indian Blood from Spouse's Tribe

7. Is the Applicant a legally adopted child? _____

8. Has the Tribal parent of the applicant been legally adopted? _____

- If so please provide documentation

Suquamish Tribe
Enrollment Office
PO Box 498
Suquamish, WA 98392

(360) 394-8438 Enrollment

(360) 394-8450 Main Number

(360) 394-8437 Enrollment

