

Application Number _____

Date Rec'd _____

The Suquamish Tribe
Port Madison Indian Reservation
Application for Membership

Entered DB _____

PHONE # _____

Social Security Number _____

Name of Applicant: _____

Other Name (s) by which known: _____

1. Address: _____ City: _____ State: _____ ZIP: _____

County: _____

2. Sex: _____

5. Date of Birth: _____

6. Place of Birth: City: _____ State: _____

7. Name of Hospital or Birthing Center: _____

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

7. If married, give full name of your spouse: _____

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

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

8. Is the Applicant a legally adopted child? _____

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

- If so please provide documentation

Suquamish Tribe
Enrollment Department
PO Box 498
Suquamish, WA 98392
(360)-394-8450

