

# Native Village of Eyak

110 Nicholoff Way

P.O. Box 1388

Cordova, Alaska 99574-1388

P (907) 424-7738 \* F (907) 424-7739

[www.eyak-nsn.gov](http://www.eyak-nsn.gov)



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10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

## Check List:

- Complete Application
- BIA-C.I.B. (Certificate of Indian Blood)
- Birth Certificate
- Two Proof of Residency:
  - Letter from landlord
  - Pay stubs
  - Utility Bills
  - Rental receipts
  - Taxes Address
  - Alaska Drivers License or I.D.
  - Other (Please Specify):

Thank you for your interest in the Native Village of Eyak's Enrollment. Please have all proper documentation in order to make the process as quick and smooth. Please make sure that the Application is filled out and signed. Any Application that isn't signed and dated will automatically be denied. If you have any questions please feel free to call or stop by.

The Native Village of Eyak

Erin Kurz

Enrollment Clerk

Office: (907) 424-7738

Fax: (907) 424-7739

[erin@eyak-nsn.gov](mailto:erin@eyak-nsn.gov)

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### Application for Tribal Enrollment

Applicant's Full Name \_\_\_\_\_  
Any other name known by \_\_\_\_\_  
Telephone number \_\_\_\_\_ Email address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Date physical residency in Tribal Area began \_\_\_\_\_

**Please note that all Tribal Enrollment applications must be accompanied by proof that applicant has maintained a physical residence in Tribal area for a minimum of six months. Examples of proof include utility bills, pay stubs, landlord receipts, cable or telephone bills, etc.**

Ancestor through whom enrollment rights are claimed:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DEGREE OF INDIAN BLOOD CLAIMED: Total Degree of  
Tribe/Degree \_\_\_\_\_ Other/Degree \_\_\_\_\_ Indian Blood \_\_\_\_\_  
Are you or either of your parents enrolled as a member of another Tribe? Yes  No   
If yes, who and what tribe? \_\_\_\_\_  
Is the applicant a direct lineal descendant of a member of the Tribe? Yes  No

**A copy of Certificate of Indian Blood must be submitted with this application.**

\_\_\_\_\_  
Signature of Adult Applicant or Sponsor Date \_\_\_\_\_  
If sponsored application, relationship of sponsor to applicant \_\_\_\_\_

Recommendation of Enrollment Committee	
Approve	<input type="checkbox"/>
Reject	<input type="checkbox"/>
Comments	_____
	_____
	_____

Action Taken by Tribal Council	
Approve	<input type="checkbox"/>
Reject	<input type="checkbox"/>
Comments	_____
	_____
Council Chair Signature	_____
Date of Meeting:	_____
Vote For:	Against: