



The Snohomish Tribe of Indians Application for Enrollment

<u>For Office Use Only</u>
Enrollment # _____
Enrollment Date _____

DATE APPLIED _____

NAME (First, Middle, Last)*		Maiden	Date of Birth
<small>Copy of State Issued Birth Certificate Required</small>			
Current Mailing Address			
City		State	Zip Code
Email Address		Home Telephone Number	Cell Telephone Number
Weight	Height	Hair Color	Eye Color
Military Service Yes [] No [] Branch			

YOUR SPOUSE		
SPOUSE NAME (First, Middle, Last)	Date of Birth	MARRIAGE DATE
WHERE MARRIED		

Attach a copy of your marriage certificate

• If the name on your State Issued Birth Certificate does not match your enrollment application, or the supporting Snohomish family relationship information does not match your name, you must provide proof of a name change by providing a copy of your marriage certificate, divorce decree, adoption papers, or other certified verification or documentation verifying your name change.

NAME	YOUR CHILDREN	Date of Birth	Gender(M/F)
(First, Middle, Last)	use back of form if necessary		

YOUR PARENTS		
MOTHERS NAME (First, Middle, Last)	Maiden Name	Date and Place of Birth
TRIBE Affiliation	Degree	
FATHERS NAME (First, Middle, Last)		Date and Place of Birth
TRIBE Affiliation	Degree	

GUARDIAN INFORMATION		
<i>If you are submitting an application for someone other than yourself, please print the nature of your relationship</i>		
Print Your Name (First, Middle, Last)		Signature
Your Telephone Number	Your Email Address	

CHECKLIST

- [] Application Completed & Signed [] Copy of State Issued Birth Certificate Enclosed [] Entitlement to Enrollment pg2 Completed/Signed
- [] Supporting information pg 2 completed [] Snohomish Genealogy Family Relationship provided (pg 4/5)
- [] Copy of Certified Copy of Marriage License/Adoption/Divorce/*Other Enclosed (circle all that apply)
- [] Other * explain

❖ [] **Enrollment Application Fee of \$25 Enclosed. Check made payable to the Snohomish Tribe of Indians**

Enclosed Payment check # _____ dated _____ in the amount of _____

Mail Completed Application, payment and supporting documentation to:

Enrollment Secretary
Snohomish Tribe of Indians
9792 Edmonds Way, #267
Edmonds, WA 98020

Email Address: enrollmentsecretary@outlook.com



CLAIM OF ENTITLEMENT TO ENROLL IN THE SNOHOMISH TRIBE OF INDIANS

Applicant's Name _____ Date _____
Please print

You must mark one or more boxes and include your ancestors name to start your entitlement claim. Attach Documentation.

Check Box	Entitlement Claim	Documentation
	I claim entitlement to enroll through my Snohomish Indian Ancestor from whom I am descended (Provide Genealogy/Snohomish Family Relationship)	Ancestors Name (Date of birth if known)
	I claim entitlement to enroll through my ancestor from whom I am descended and whose name appears on the Roblin Schedule of Unenrolled Indians page # _____	Name/Attach page
	I claim entitlement to enroll through my ancestor of Snohomish blood from whom I am descended who was approved by the Secretary of the Interior for claims distribution of Docket 125, Indian Claims Commission	Name/Attach Documentation
	I claim entitlement to enroll through my Snohomish Indian blood. My ancestors' name(s) appear on the 1926 Snohomish Base Roll.	Names(s)
	I claim entitlement to enroll through my Snohomish Indian blood. My ancestors' name(s) <u>do not appear</u> on the 1926 Snohomish Base Rolls. My ancestors were signatories of or were collaterally related to signatories of the Treaty of Point Elliott in 1855.	Name/Attach Documentation
	Other : Example...Census Records	Date/City/County/State page # Or attach documentation

Complete the **Snohomish Family Relationship** chart. Follow back to the 4.4 degree (full blood) if possible. Attach any Additional Supporting Documentation.

Degree Snohomish Blood	Name: Last, First, M (if known) Snohomish Family Indian Line	Birthdate if Known	Snohomish Family Relationship i.e. Mother, Father, Grandmother, Great Grandfather, etc.

Comments

You may provide additional information that will help support your entitlement claim. Attach supporting documentation as needed.

PERJURY STATEMENT	<i>I certify under penalty of perjury that I am not an enrolled member of any other tribe or Alaska Natives and that all statements contained herein, to the best of my knowledge are true and correct.</i>	
	APPLICANT SIGNATURE _____	DATE _____
	I AM SUBMITTING THIS ENROLLMENT APPLICATION AS THE PARENT, GUARDIAN, OR ASSISTANT(CIRCLE ONE)	
	PARENT/GUARDIAN SIGNATURE _____	DATE _____

Please also print your name

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Entitlement Claim: Snohomish Family Relationship Established & Documented. Reviewed by Enrollment Secretary	
Date _____	
	The above applicant has proven entitlement for STI enrollment and should be accepted.
	At this time, sufficient documentation is not available to prove entitlement for STI enrollment.



SUPPORTING INFORMATION
FOR ENROLLMENT IN THE SNOHOMISH TRIBE OF INDIANS

Applicant's Name _____ **Date** _____
Please print

Use this sheet to provide additional information that may help establish your Snohomish ancestry such as family members who are currently enrolled in the Snohomish Tribe of Indians or other information that you believe may support your claim.

Degree Snohomish Blood	Name (Last, First, M (if known) Snohomish Indian Family Line	Birth Date if known Or Tribal ID # if known	Snohomish Family Relationship i.e., brother, sister, aunt, uncle, cousin, etc

Additional Comments (use the back of this sheet if necessary)

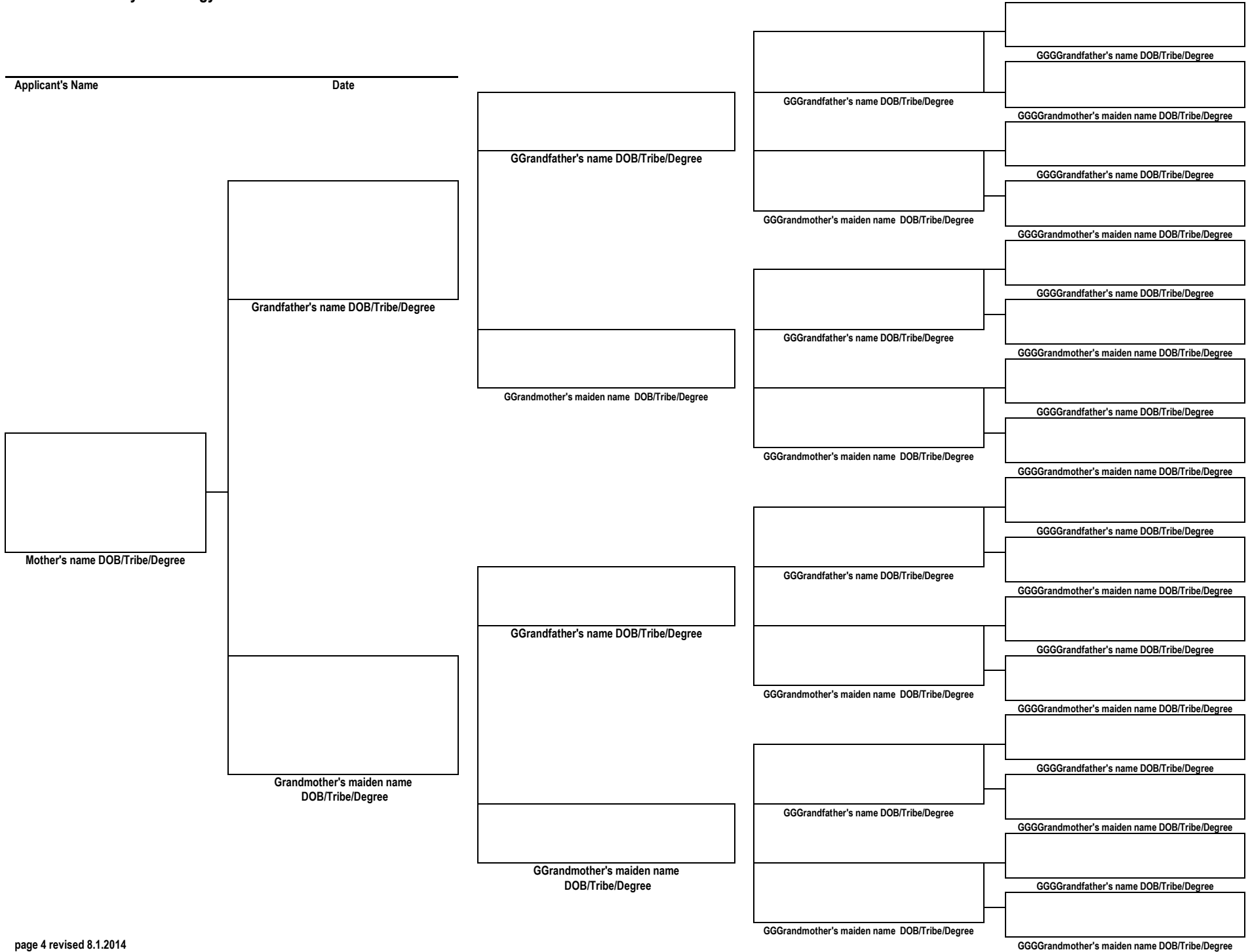
If you have any questions or require additional information for help in completing your application, please contact the Enrollment Secretary at enrollmentsecretary@outlook.com or you may write to
Enrollment Secretary
Snohomish Tribe of Indians
9792 Edmonds Way #267
Edmonds WA 98020

You will be contacted in writing and provided with an ID # and Tribal Identification Card when your application has been approved. Only completed applications, including the application fee, are brought to the Tribal Council for approval.

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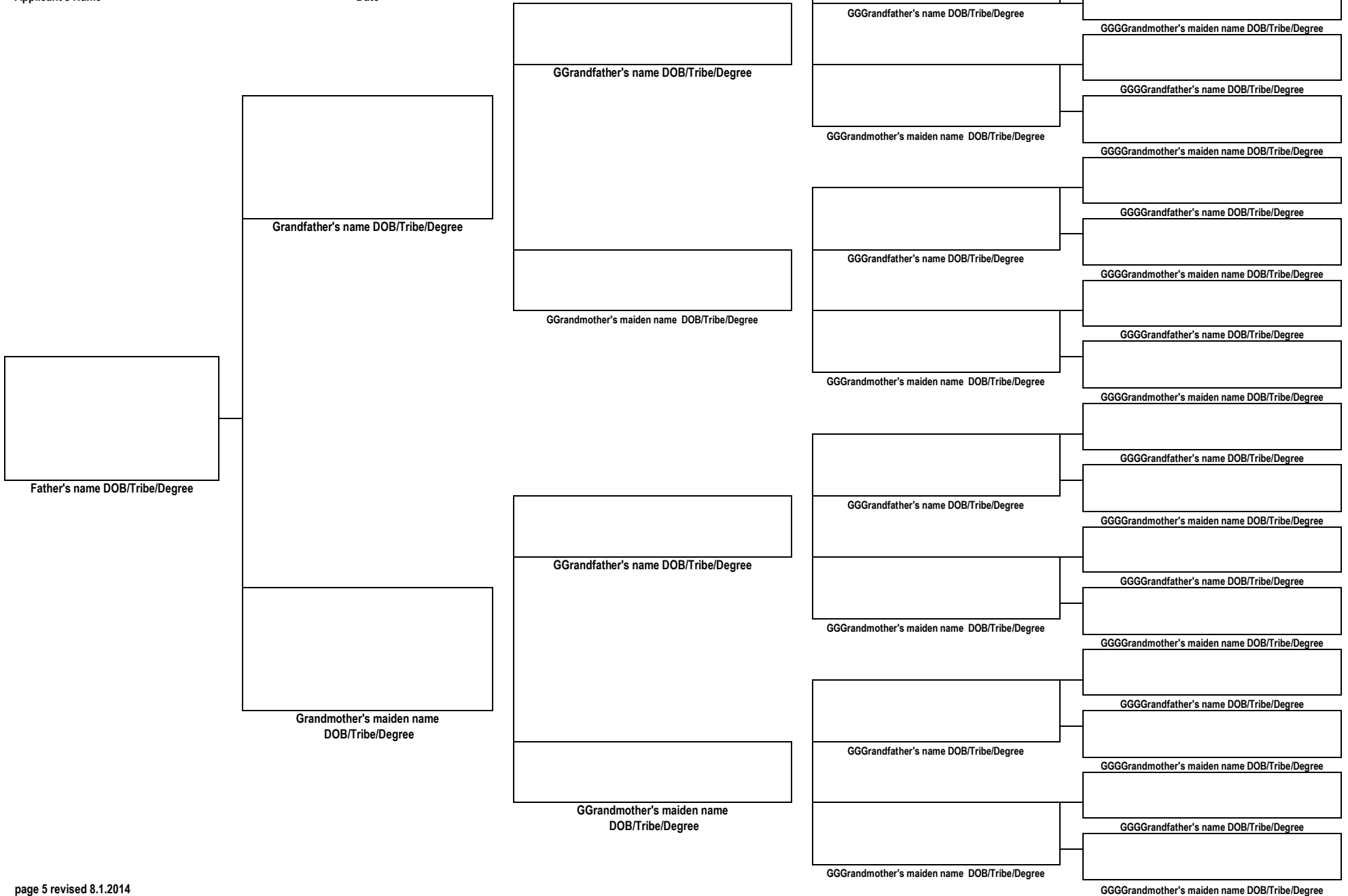
Maternal Ancestry Genealogy Chart for Enrollment in the Snohomish Tribe of Indians

Applicant's Name _____ Date _____



Paternal Ancestry Genealogy Chart for Enrollment in the Snohomish Tribe of Indians

Applicant's Name _____ Date _____





THE SNOHOMISH TRIBE OF INDIANS FEE SCHEDULE



ASSESSMENTS MUST BE PAID TO REMAIN IN ACTIVE STATUS

- ❖ **Individual Annual Assessment: \$20.00**
 - This amount is assessed every year, after enrollment, to remain in active status.
- ❖ **Family Annual Assessment: \$30.00**
 - This amount includes you and all of your children that are 18 years and under living with you. If you have children (24 years or less) in college, they are also included.
- ❖ **Individual One Time Catch-Up Assessment: \$40.00**
 - If you have not paid your assessments in several years this will bring you up-to-date.
- ❖ **Family One Time Catch-Up Assessment: \$60.00**
 - If family assessments have not been paid in several years this will bring your family up-to-date.
- ❖ **New Enrollment Fee: \$25.00**
 - This includes your I.D. card and first year enrollment. You must complete and sign the enrollment application and we must have on file a copy of your state issued birth certificate.
- ❖ **Card Replacement Fee: \$5.00**
 - We will replace your pink paper card for a fee of \$5.00 if your enrollment file is up-to-date and your assessment has been paid within the last 2 years.
 - Elders age 75 years or older will continue to pay \$5 for a replacement ID card.
 - Please complete an Update form.
- ❖ **Photo I.D. Card Fee: \$25.00**
 - We will Create or Replace your Photo I.D. card for a fee of \$25.00 if your assessment is current.
 - Please complete a Photo ID Request form.



MEMBERS 75 YEARS AND OLDER ARE NO LONGER REQUIRED TO PAY AN ASSESSMENT FEE PER THE OCTOBER 2008 TRIBAL COUNCIL ASSESSMENT RESOLUTION



Contact the Enrollment Secretary (enrollmentsecretary@outlook.com) for the Enrollment Application, Photo ID or Update form.