

## Knik Tribe Associate Membership Application

Thank you for your interest in becoming a member of Knik Tribe. Our purpose for enrolling members is to inform and increase participation in our programs and to provide services to Alaska Native/American Indians residing in our service area.

Adult application or sponsor completes a membership application and submits with the following required documents:

Associate Member Application
Certificate of Indian Blood of either Alaska Native Peoples/American Indian (CIB or BIA card)
Birth Certificate
Copy of State ID (if over 18) verification of identification
If applicant is a minor, copy of parents ID
Proof of residency in the Mat-Su Borough showing street or physical address

### Examples for proof of residency

- Utility bills
- Rental agreements
- Alaska Driver's License/State ID with a physical address in the Mat-Su
- ➤ Vehicle registration/title
- School records indicating student is an enrolled student in the Mat-Su School District
- Mail addressed to applicant with a physical address in the Mat-Su

The completed application along with required documentation will be submitted to the elected Council for review. Applicants will be notified by mail of Council decision, notifying them of the status of their application. If applicant is approved for membership, they must come in to obtain a Tribal Picture ID card that expires every two years.



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Last Name:	First Name:		Middle	Middle Name:		
Date of Birth:	Place o	_ Place of Birth:				
Maiden or other name by which	ch known:				-	
Social Security Number:			_ Hea	nd of household:	□ Yes □ No	
Gender: □ Male □ Female	Marital Status:	□ Married	□ Single	U.S. Veteran	: □ Yes □ No	
E-Mail Address:	***					
Physical Address:			Apt/Unit #			
City:	State:	Zip Code:				
Mailing Address:			Apt/Unit #			
City:		State: Zip Code:				
Primary Phone: Cell Phone:				Message Phone:		
Tribal Affiliation:		<u> </u>	Degree of Blood:			
Corporation(s):			Village			
Household family members: _						
<b>Notice:</b> Knik allows dual enrendlment is permitted by the order receive services. Also, if By signing, you are certifying the your knowledge. This includes	eir Constitution. Yo you are dually enro hat all information	u may have olled, you <u>CA</u> provided for	to relinquisl <u>VNOT</u> receiv enrollment	n enrollment with re funding from b is correct and tru	h your Tribe in oth Tribes.	
Signature of Adult Applicant o  OFFICE USE ONLY	r Sponsor	-	Date Signed			
ApprovedDenic	ed (Reason for deni	al):				
Signature of Council Member			Date			



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#### **Member Services Checklist**

Please check the items listed below that you would like to see more information about. Applications and information for these programs are available at your request.

Education and Training
Scholarship/Adult Vocational Training
Employment Services (Clothes/tools for current job, resume, job club) Resume
Social Services
Parenting classes
Healthy Relationship Classes
Strong Families Groups
Counseling Referral
Behavioral Health Support
Young families Support
Child Care Assistance
Report Card Incentive Program
Sports/Activities Fee
After School Program
Indian Child Welfare Advocate Program (ICWA)
Transportation (Medical Appointments/Substance Abuse Treatment)
Housing
Income based rental program (minimum rent requirement)
Modernization/Rehabilitation
Snow Removal Disabled or (Age 55 and over)
Mortgage Down Payment Assistance
Housing Supportive Services Counseling
First Time Homeowner Program
Financial Literacy Training
Road to Home Ownership Class
Victims of Crime Outreach and Support
Transportation
Short Term Housing Support
Crisis Intervention
Cultural Healing Activities
Youth Services
Summer Youth Services
Leadership Experience
On the Job Training
Community Building Opportunities
Recovery Services
Cultural Healing Activities
Culturally Based Substance Free Activities
Substance Use Disorder Treatment Support