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.
Knik Tribe
Associate Membership Application

Last Name: ________________________ First Name: __________________ Middle Name: ________________

Date of Birth: ____________________ Place of Birth: ____________________

Maiden or other name by which known: _____________________________________________________

Social Security Number: __________ - ______ - ________ Head 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: ___________________________ Degree of Blood: ___________________________

Corporation(s): ___________________________ Village ___________________________

Household family members: ____________________________________________________________

Notice: Knik allows dual enrollment. However, you must check with your Tribe to determine if dual enrollment is permitted by their Constitution. You may have to relinquish enrollment with your Tribe in order receive services. Also, if you are dually enrolled, you **CANNOT** receive funding from both Tribes.

By signing, you are certifying that all information provided for enrollment is correct and true to the best of your knowledge. This includes all documentation provided for membership.

_________________________________________________________ _____________________________
Signature of Adult Applicant or Sponsor Date Signed

OFFICE USE ONLY

___Approved    ___Denied (Reason for denial): _____________________________________________

Signature of Council Member: ___________________________ Date: ___________________________
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