



# *Native Village of Afognak* To embrace, protect, develop, and enhance Alutiiq

*Culture, protect our traditional use areas and encourage unity among the Alutiiq of the Kodiak Archipelago*

Dear Applicant:

Thank you for your request for an enrollment application. To apply for membership, please submit:

1. NVA Enrollment Application
2. Family Tree, and
3. Birth certificate or other proof of linkage to the person you listed as your ties to Afognak.

The necessary forms are enclosed. Additionally, while it is not required of all applicants, a Certificate of Indian Blood (CDIB) may be requested to prove Native descent. NVA does not require persons meeting some minimum Native blood quantum. If you need an application to request a CDIB from the Bureau of Indian Affairs, we can provide one on request.

When completed please mail the application, including the Family Tree Chart to:

Native Village of Afognak  
Attn: Enrollment Clerk  
323 Carolyn St  
Kodiak, AK 99615

or email: [www.tribe@afognak.org](mailto:www.tribe@afognak.org)

**MEMBERSHIP ELIGIBILITY:** Based on our constitution and enrollment ordinance, a person must meet the following eligibility requirements in order to become a tribal member:

1. Any person listed on the Base Roll for the tribe, or
2. Any blood descendent or adoptee of Native descent of a base enrollee and their descendants by blood or adoption, or
3. Persons of Native descent with historic or ancestral ties to the Village of Afognak.

**DUAL ENROLLMENT:** A member of the Native Village of Afognak may be a member of another tribe. However, some tribes do not allow dual enrollment. If you are dually enrolled, you will not be entitled to the same benefits from both NVA and the other tribe.

**NVA and ANC:** Many members of our community are unclear about the relationship of NVA to the Afognak Native Corporation (ANC). NVA and ANC are separate entities tied to the same community. NVA is our federally recognized tribe, while ANC is the village corporation established by the Alaska Native Claims Settlement Act. Enrolling in NVA will not make one a shareholder in ANC and if you are an ANC shareholder, enrolling in NVA will not change your status as a shareholder.

If you need any assistance in completing the forms, please contact me at (907) 486-6357. Our office hours are 9a.m. – 5p.m. Monday through Friday.

# *Native Village of Afognak*

## Tribal Enrollment Application

Applicants may enroll in NVA by one of the following ways;

- As a person with direct lineal descendant of an NVA Base Roll Member (an original shareholder of the Afognak village before the merger forming of the Afognak Native Corporation).
- As a person with historic and /or ancestral ties to the village of Afognak, or a descendant of someone with those ties.

Applicant's FULL Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Native or Other Names: \_\_\_\_\_  
Are you a Veteran? \_\_\_\_\_ Service & Dates of Service \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mess. Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Vital Statistics**

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth- City: \_\_\_\_\_ State: \_\_\_\_\_

### **Family Composition**

Spouse (List Maiden Name): \_\_\_\_\_ DOB: \_\_\_\_\_

*If you need more space you may write on the back of this application.*

Children's Names (List DOB):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Tribal Affiliation**

Regional Corporation: \_\_\_\_\_ Village Corporation: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Is applicant adopted? Y or N Documentation? Y or N

Is applicant enrolled to another Tribe, if so list Tribe: \_\_\_\_\_

If enrolled to NVA and another tribe, which do you choose as your service provider:

\_\_\_\_\_  
Are you a base roll member or a descendant of someone with historical or ancestral ties to the village of Afognak?  
Explain, \_\_\_\_\_  
\_\_\_\_\_

*I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information is cause for disenrollment. I also authorize the release of this information to any organization for the purpose of processing this application.*

**Signature** (if signing for a minor applicant - list relationship)

**Date**

# Native Village of Afognak

## FAMILY TREE WORKSHEET

### INSTRUCTIONS:

Fill out as much information as you can.  
Include **maiden names** when possible.  
List Tribal Ethnicity as Alutiiq, Aleut,  
Tlingit, etc.

Father  
DOB:  
Date of Death (DOD):  
Tribal Ethnicity:

Grandfather  
DOB:  
DOD:  
Tribal Ethnicity:

Grandmother (first and maiden name)  
DOB:  
DOD:  
Tribal Ethnicity:

Applicant's Name  
Date of Birth (DOB):  
Tribal Ethnicity:

Mother (first and maiden name)  
DOB:  
Date of Death (DOD):  
Tribal Ethnicity:

Grandfather  
DOB:  
DOD:  
Tribal Ethnicity:

Grandmother (first and maiden name)  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandfather  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandmother (first and maiden name)  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandfather  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandmother (first and maiden name)  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandfather  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandmother (first and maiden name)  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandfather  
DOB:  
DOD:  
Tribal Ethnicity:

G-Grandmother (first and maiden name)  
DOB:  
DOD:  
Tribal Ethnicity:

GG-Grandfather  
DOB:  
DOD:

GG-Grandmother (first and maiden name)  
DOB:  
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GG-Grandfather  
DOB:  
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GG-Grandmother (first and maiden name)  
DOB:  
DOD:

GG-Grandfather  
DOB:  
DOD:

GG-Grandmother (first and maiden name)  
DOB:  
DOD:

**I hereby grant permission to Native Village of Afognak to utilize  
this genealogical data in the Afognak Genealogy Project for public access.**

Date

Signature (if signing for a minor applicant - list relationship)