



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
323 Carolyn St
Kodiak, AK 99615

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 8a.m. – 5p.m. Monday through Friday.

Attachments: Enrollment Application Form
 Family Tree Worksheet Form

Native Village of Afognak(NVA)

Enrollment Application

FOR OFFICE USE

Date Received

Initials

PLEASE PRINT CLEARLY

Applicant's FULL Name: _____

Maiden Name: _____ Native or Other Names: _____

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, please include on another sheet of paper.

Children's Names (List DOB): _____

Tribal Affiliation/Blood Quantum (Please complete *Family Tree Worksheet*)

Regional Corporation: _____ Village Corporation: _____

Ethnicity: _____ Blood Quantum: _____ Is applicant adopted? 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: _____

Applicants can enroll in NVA on one of the following rolls, please choose only one:

☐ *Descendancy Roll*: must be a person with direct lineal descendant of an NVA Base Roll Member (an original shareholder of Natives of Afognak before the merger forming of the Afognak Native Corporation).

Name & DOB of NVA Member/person _____ Relationship _____

-OR-

☐ *Supplemental Roll*: must be a person with historic/ancestral ties to the village of Afognak, or a descendant of someone with these ties.

Name & DOB of NVA Member/person _____ Relationship _____

REQUIRED DOCUMENTATION:

- 1) COPY OF BIRTH CERTIFICATE OR OTHER PROOF OF BIRTH AND PARENTAGE
- 2) COMPLETED FAMILY TREE WORKSHEET

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.

List Quantum as full, 1/2, 1/4, 1/8, 1/16, etc.

Father DOB: Date of Death (DOD): Tribal Ethnicity: Quantum:	Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	G-Grandfather DOB: DOD:	GG-Grandfather DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
		G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
Mother DOB: Date of Death (DOD): Tribal Ethnicity: Quantum:	Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
		G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:

(OPTIONAL TO SIGN)

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)