



## **Application Information and Instructions**

### **ELIGIBILITY REQUIREMENTS:**

The membership of the Snoqualmie Indian Tribe will consist of the following, in accordance with Article II of the Tribal Constitution:

- (a) All persons of Snoqualmie Indian blood whose names appear on Charles Roblin's schedule of Unenrolled Indians as of January 1, 1919.
- (b) All descendants of persons who qualify for Tribal membership under Article II, Section 1 (a) of the Snoqualmie Tribal Constitution, provided that such descendants possess at least one-eighth (1/8<sup>th</sup>) degree of Snoqualmie Indian blood.
- (c) Any Indian person who is adopted in accordance with the acts and resolutions of the Tribal Council, provided however that an Indian adoptee shall not be eligible to hold an elected office and shall not share in any judgment fund or per capita payments otherwise available to enrolled Snoqualmie Tribal members pursuant to sub-sections (a) and (b) of this section. Indian adoptees shall have only those rights and privileges actually bestowed by the Tribal Council at the time of adoption.
- (d) All non-Indian persons adopted as honorary members of the Snoqualmie Indian Tribe. Non-Indians are restricted to the status of honorary membership and in no case shall an honorary member be entitled to hold an elected office, to vote or participate in any tribal affairs or share in any distribution of tribal funding reserved for enrolled Snoqualmie Indians pursuant to subsections (a) and (b) of this section.

Dual enrollment is not recognized by the Snoqualmie Indian Tribe. An Applicant who is a member of another tribe will not qualify for membership in the Snoqualmie Indian Tribe unless the Applicant relinquishes such membership in writing.

### **APPLICATION REQUIREMENTS:**

The Applicant must provide the following documentation with the Application. The Applicant has the burden of proof to establish eligibility for membership at all times during the application process. All documents submitted by or on behalf of the Application will become the property of the Snoqualmie Indian Tribe. Incomplete Applications will not be processed.

Application for Membership (*complete, sign, and date*)

- Family Tree Form (*including all known ancestors and all known ancestors of Snoqualmie Indian blood whose names appear of the 1919 Charles Roblin's Schedule of Unenrolled Indians, together with all known names of Snoqualmie ancestors in generations between that roll and the Applicant*)
- Valid state photo identification (*original or copy*)
- Birth Certificate (*original or certified copy; the Tribe will reimburse Applicant for the cost of the certified birth certificate up to \$25 if the Applicant is subsequently granted membership in the Snoqualmie Indian Tribe*)
- Adoption order (*if Applicant is adopted*)
- Marriage certificate or court order changing name (*if Applicant's name differs from that on the birth certificate*)
- Guardianship order (*if Applicant is under a legal guardianship*)
- Other documentation the Applicant may wish to provide demonstrating the Applicant's eligibility for enrollment

The Snoqualmie Indian Tribe reserves the right, in its sole discretion, to require additional documentation as may be necessary to prove the Applicant's lineage and document the Application. Applicants who are required to submit such additional documentation must comply. Failure to do so will result in the disqualification of the Applicant.

**CONTACT INFORMATION:**

Applications may be submitted in person or by mail to:

Enrollment Director  
Snoqualmie Indian Tribe  
P.O. Box 969  
9571 Ethan Wade Way SE  
Snoqualmie, WA 98065

Questions regarding enrollment may be directed to the Enrollment Office at 425-888-6551 extension 6225.

# Snoqualmie Indian Tribe

## Application for Membership

### SECTION 1: BASIC INFORMATION

Applicant Name: \_\_\_\_\_  
                                                            LAST                                                            FIRST                                                            MIDDLE

Other Names: \_\_\_\_\_  
                                                            INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAMES, ALIASES, ETC.

Physical Address: \_\_\_\_\_  
                                                    ADDRESS                                                    CITY                                                    STATE                                                    ZIP

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)                                    ADDRESS                                                    CITY                                                    STATE                                                    ZIP

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth: \_\_\_\_\_  
                            CITY                            COUNTY                            STATE

### SECTION 2: ELIGIBILITY INFORMATION

Is the Applicant adopted?  Yes  No If yes, please note that eligibility is determined based on the biological parents. Provide the biological parents' information below.

Enrollment eligibility based on the (check one or both, as applicable):

Biological Father  Biological Mother

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Snoqualmie Tribal Member?  Yes  No Snoqualmie Tribal Member?  Yes  No

If yes, Snoqualmie Enrollment #: \_\_\_\_\_ If yes, Snoqualmie Enrollment #: \_\_\_\_\_

Enrolled in another tribe?  Yes  No      Enrolled in another tribe?  Yes  No

If yes, list all other tribes and enrollment #s:      If yes, list all other tribes and enrollment #s:

Tribe: \_\_\_\_\_ # \_\_\_\_\_      Tribe: \_\_\_\_\_ # \_\_\_\_\_

Tribe: \_\_\_\_\_ # \_\_\_\_\_      Tribe: \_\_\_\_\_ # \_\_\_\_\_

Tribe: \_\_\_\_\_ # \_\_\_\_\_      Tribe: \_\_\_\_\_ # \_\_\_\_\_

Applicant's Snoqualmie blood quantum: \_\_\_\_/\_\_\_\_

Does Applicant possess blood of another tribe?  Yes  No

If yes, list all tribes and blood quantum:

Tribe: \_\_\_\_\_ Blood quantum: \_\_\_\_\_

Tribe: \_\_\_\_\_ Blood quantum: \_\_\_\_\_

Tribe: \_\_\_\_\_ Blood quantum: \_\_\_\_\_

Is Applicant an enrolled member of another tribe?  Yes  No

If yes, list all tribes and enrollment #s:

Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Is the Applicant married?  Yes  No      If yes, provide the spouse's name, age, and date of birth:

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NAME

AGE

D.O.B.

Does the Applicant have minor children?  Yes  No If yes, provide the name, age, and date of birth for all minor children:

NAME	AGE	D.O.B.
NAME	AGE	D.O.B.
NAME	AGE	D.O.B.
NAME	AGE	D.O.B.

Is the Applicant under the age of 18?  Yes  No

Is the Applicant an adult under a legal guardianship?  Yes  No

Please fill in the attached Family Tree (or provide your own with comparable information) and provide the additional documentation listed on the attached instructions. Incomplete Applications will not be processed.

**SECTION 3: CERTIFICATION AND SIGNATURE**

This Application is being filed by:  Self  Parent\*  Guardian or other sponsor\*

\*If parent/guardian/other sponsor:

Name of Person Filing Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I hereby certify that the information supplied on this Application and the documentation provided with it is true and correct to the best of my knowledge. I understand that the consequences for providing false or fraudulent information may include, without limitation, revocation of membership and criminal or civil charges.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Family Tree Form**

Applicant's Full Name

Maiden Name

Birth Date

Father's Full Name:  
Birth Date:

Mother's Full Name:  
Birth Date:  
Maiden:

Grandfather's Full Name:  
Birth Date:

Grandmother's Full Name:  
Birth Date:  
Maiden:

Grandfather's Full Name:  
Birth Date:

Grandmother's Full Name:  
Birth Date:  
Maiden:

Great Grandfather's Full Name:  
Birth Date:

Great Grandmother's Full Name:  
Birth Date:  
Maiden:

Great Grandfather's Full Name:  
Birth Date:

Great Grandmother's Full Name:  
Birth Date:  
Maiden:

Great Grandfather's Full Name:  
Birth Date:

Great Grandmother's Full Name:  
Birth Date:  
Maiden:

Great Grandfather's Full Name:  
Birth Date:

Great Grandmother's Full Name:  
Birth Date:  
Maiden: