



## Application Information and Instructions

### **ELIGIBILITY REQUIREMENTS:**

The membership of the Snoqualmie Indian Tribe will consist of the following, in accordance with Article II Section 2 (a, b, & c) & 3 of the Constitution of the Snoqualmie Tribe of Indians:

#### Section 2:

- (a) All persons of Snoqualmie Indian blood whose names appear on Charles Roblin's schedule of Unenrolled Indians as of January 1, 1919. These persons of Snoqualmie Indian Blood whose names appear on Charles Roblin's schedule of Unenrolled Indians as of January 1, 1919, shall be the Base Roll for the Snoqualmie Indian Tribe.
- (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) All persons who do not qualify for membership under Article II, Section 2 (a) or (b), must be a biological child of an enrolled Snoqualmie Tribal member, provided that such persons possess Snoqualmie Indian blood.

#### Section 3:

Dual enrollment is prohibited. Any adult who has ever been a member of any other organized Tribe, band, or Indian Community officially recognized by the Secretary of the Interior, or not so recognized, shall not qualify for membership in the Snoqualmie Indian Tribe

### **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 (*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 Department  
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 [enrollment@snoqualmientribe.us](mailto:enrollment@snoqualmientribe.us) or 425-888-6551 option 3.

# Snoqualmie Indian Tribe

## Application for Membership

### **SECTION 1: PERSONAL INFORMATION**

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

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

Is the Applicant under the age of 18?  Yes  No

### **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.

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

Does Applicant possess blood of another tribe?  Yes  No

If yes, list all tribes and blood quantum:

Tribes: \_\_\_\_\_ Blood quantum: \_\_\_\_/\_\_\_\_

Tribes: \_\_\_\_\_ Blood quantum: \_\_\_\_/\_\_\_\_

Tribes: \_\_\_\_\_ 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 #: \_\_\_\_\_

**Please provide the following information:**

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

Is your biological father enrolled in another tribe?  Yes  No  Non Native

Is your biological mother enrolled in another tribe?  Yes  No  Non Native

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

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

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

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

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

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

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

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

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

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NAME	AGE	D.O.B.
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NAME	AGE	D.O.B.
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NAME	AGE	D.O.B.
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NAME	AGE	D.O.B.
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### **SECTION 3: CERTIFICATION AND SIGNATURE**

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: \_\_\_\_\_

*If this Application is being filed by a parent/guardian/other sponsor please provide the following information:*

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

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

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

### **SECTION 4: FAMILY TREE**

Please fill in the attached Family Tree (or provide your own with comparable information) and provide the additional documentation listed on the attached instructions. As a reminder, incomplete applications will not be processed.

# Snoqualmie Tribe Enrollment Application Family Tree Chart

*Snoqualmie Ancestor on the 1919  
Schedule of Unenrolled Indians:*

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*Applicant:*

Birth Date:  
Blood Quantum:  
Maiden Name:

*Father:*

Birth Date:  
Blood Quantum:  
ID Number:

*Mother:*

Birth Date:  
Blood Quantum:  
Maiden Name:  
ID Number:

*Grandfather:*

Birth Date:  
Blood Quantum:

*Grandmother:*

Birth Date:  
Blood Quantum:  
Maiden Name:

*Grandfather:*

Birth Date:  
Blood Quantum:

*Grandmother:*

Birth Date:  
Blood Quantum:  
Maiden Name:

*Great Grandfather:*

Birth Date:  
Blood Quantum:

*Great Grandmother:*

Birth Date:  
Blood Quantum:  
Maiden Name:

*Great Grandfather:*

Birth Date:  
Blood Quantum:

*Great Grandmother:*

Birth Date:  
Blood Quantum:  
Maiden Name:

*Great Grandfather:*

Birth Date:  
Blood Quantum:

*Great Grandmother:*

Birth Date:  
Blood Quantum:  
Maiden Name:

*Great Grandfather:*

Birth Date:  
Blood Quantum:

*Great Grandmother:*

Birth Date:  
Blood Quantum:  
Maiden Name: