

The Appalachian Cherokee Nation, Inc



Please find the Application for the Tribal Enrollment.

This application must be filled out completely (please make sure you fill out both sides and returned to the address given below along with copies of Birth Certificates, death Certificates, or any other legal documentation which designates that the person to whom it refers has American Indian Blood. Please note that the Authorization for Release of Information must also be signed before a notary. There is a notary block on the of this Authorization Letter. It is extremely important that you have the Authorization notarized before mailing it to our office. We will return your application to you if the Authorization For Release of Information has not been notarized. Sending the application in without this notarized document will delay the processing of your application.

Please make sure that you go over the application thoroughly and provide all the Information requested. Failure to do so will also delay processing of your application. Please do not leave any blanks. If you do not know the answer to a question, please put "Unknown" or "Not Applicable" in the data fields. Please provide as much information and documentation as possible. The more information and documentation will result in faster processing of your application.

Please submit two photographs (head shots) of yourself. One picture will be attached to your application and the other will be placed on your membership card. When your application package is complete and the Authorization for Release of Information has been notarized, please send the package with a \$25 dollar application fee which is non refundable to the below address.

**The Appalachian Cherokee Nation, Inc
P.O. Box 64
Gore, Virginia 22637-0064
Attn: Roll Keeper**

Please be aware that the processing of your application can take up to four years, depending on the amount of information and documentation provided. If you have any questions while filling out the forms, please do not hesitate to contact the Tribal Office at 540-877-1450.

Application for Tribal Enrollment in the Appalachian Cherokee Nation, Inc

Gender: MALE FEMALE

1. Applicant Name _____
Last First Middle

2. Indian maiden or any other names by which you are known:

3. Date of Birth/Place of Birth _____

4. Telephone Number: _____

5. Address/City/State/Zip: _____

6. Is your Birth Certificate on file with our Office? YES NO
(If not, please submit a copy with your application)

7. What is your degree of Indian/Native American Blood line? (If known)

8. Give the name of the Cherokee Indian/Native American Ancestor through whom eligibility for enrollment is claimed:

9. What is the relationship of the above individual to you? _____

10. Do you possess Indian/Native American Blood of another tribe: YES NO
(If yes, indicate what other tribe): _____

11. Are you enrolled with another tribe? YES NO
(If yes what other tribe): _____



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12. If yes to Number 11, have you received benefits in Land or Money by virtue of such enrollment?

YES NO

13. In which area did you Indian/Native American Ancestors reside:

Northeaster Area _____, Central Area _____, Southern Area _____, Others _____

14. Name of Applicant's Spouse _____

15. Name of Tribe and Degree of Indian/Native American Blood of Spouse: _____

16. Applicant's eligible children (A separate and complete application must be filed for each child to become enrolled as a member of this Tribe)

17. Date of Application _____

18. _____
Applicant's Name (PLEASE PRINT)

19. _____
Applicant's Signature

NOTE: Minor child's application must be signed by a legal adult or guardian

***THE APPALACHIAN NATION CHEROKEE, INC TRIBAL COUNCIL RESERVES THE RIGHT TO
ACCEPT OR DENY ANY APPLICATIONS WITHOUT RECOURSE OF JUDGEMENT FROM ANY
AND ALL MEMBERS AND NON-MEMBERS AND OR APPLICANTS.***

**ALL MATERIANs SUBMITTED BECOME THE PROPERTY OF THE APPALACHIAN CHEROKEE
NATION, INC**

DO NOT WRITE BELOW THIS LINE FOR TRIBAL USE ONLY

Application Accepted

Application Denied

If application is denied, state reason(s) for denial in a letter to the applicant, a copy to be retained by enrollment committee

ROLL NUMBER: _____

Signature: _____



Application for Tribal Enrollment in the Appalachian Cherokee Nation, Inc

Authorization for Release of Information

I _____ authorized the release of information requested by the registration department of the Appalachian Nation Cherokee, Inc.

The requested information shall be solely used in the administration of registration and related programs. Agencies that may be contacted include; Program Services of the Appalachian Nation Cherokee. Bureau of Indian Affairs (B.I.A.), other Indian/Native American Tribes, U.S. Government Bureau of Vital Statistics, The Mormon Church, as well as other Churches in your area, but are not limited to Indian Health Service, School authorities, local state and Federal agencies. The requested information will **NOT** be given in any shape or form to private individuals or organizations.

Printed Name of Applicant or Legal Guardian

Signature of Applicant or Legal Guardian

Printed Name of Witness (If signed with an X)

Signature of Witness (If signed with an X)

Statement of Entries: Whoever, in any matter knowingly and willfully falsify, conceal, cover up or makes any false, fictitious or fraudulent statement of entry, the application(s) will be denied and returned minus the application fee.

Notary:

