

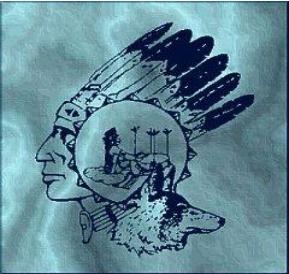
# SPOKANE TRIBE OF INDIANS

## APPLICATION FOR ENROLLMENT

### DNA Testing

- DNA is required for all new enrollments
- DNA testing is conducted only if it affects the individual's blood quantum (**ONLY THE PARENT(S)/GRANDPARENT(S) WITH TRIBAL BLOOD**)
- Appointment is required
  - Contact the Enrollment Department to schedule an appointment call 509.458.6523 or email [vickir@spokanetribe.com](mailto:vickir@spokanetribe.com)
  - DNA appointments will be scheduled Monday – Thursday before 12:00 pm (If you live out of state or are unable to come to the Enrollment Office your appointment may be scheduled at a Lab near you)
  - The collection process takes approximately 30 minutes.
  - Adults must provide photo ID.
  - Birth Certificates or Hospital Record of Birth is required for minors.
  - The payment is the responsibility of the individuals being tested.
- Buccal Swab is the type of sample collected.
- **Payment is accepted by Money Order or Cashier's Check**
  - Payable to: LabCorp of America
  - **Payment is sent to LabCorp with the DNA samples.**
- Results are received within two (2) weeks.
  - Results are kept confidential.
- Kinship testing occurs if the biological parent is not available for testing.
- **Return/Mail the original application and required documents to:**

Spokane Tribe of Indians  
Attn: Enrollment  
PO Box 100  
Wellpinit WA 99040



## **SPOKANE TRIBE OF INDIANS - APPLICATION FOR ENROLLMENT**

**NAME OF APPLICANT:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**GENDER: MALE ( ) FEMALE ( )**

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

**Applicant (Adult) Phone Number:** \_\_\_\_\_

1. Has the applicant ever been a member of the Spokane Tribe? ( ) Yes ( ) No
2. Is the applicant currently or ever been, an enrolled member of another Indian Tribe? Yes/No If Yes, name of Tribe: \_\_\_\_\_
3. Is the applicant an adopted child? ( ) Yes ( ) No
4. Has the applicant ever had a legal change of name? ( ) Yes ( ) No  
If yes, attach marriage certificate and/or decree of dissolution and/or court documentation of legal name change.
5. Give the name of father, mother and mother's maiden name (pg.2), grandfather, grandmother and grandmother's maiden name (pg.3). If either is non-Indian, give race (pg.2 & pg.3).

To become an enrolled member of the Spokane Tribe of Indians, the applicant must fall into one of the following categories pursuant to the Spokane Tribe of Indians Constitution, Article III – Membership:

**Section 1.** The membership of the Spokane Tribe shall consist of:

- (a) All persons of Spokane Indian blood whose names appear on the official census of the Spokane Tribe as of January 1, 1951, provided that corrections may be made in said census by the Business Council subject to the approval of the Secretary of the Interior, as long as such approval is required by law.
- (b) All children of one fourth (1/4) or more degree of Indian blood born subsequent to January 1, 1951, but prior to midnight, September 1, 1963, to any parent who is an enrolled member of the Spokane Tribe and
- (c) All children of 1/4 or more degree of Indian blood born with at least one biological parent or grandparent who is an enrolled member of the Spokane Tribe at the time the child applies for enrollment.<sup>19, 22</sup>
- (d) All persons whose names appear on the official enrollment records of the Spokane Tribe as of midnight December 31, 2010 shall serve as the official census of the Spokane Tribe.<sup>12</sup>

**Section 2.** Transfer of Enrollment: The requirements for transfer of enrollment from another tribe into the Spokane Tribe shall be the same as listed in Section 1 of this Article.<sup>2, 11</sup>

### **Required information:**

1. Application/complete family tree attached to application
2. Certified State Birth Certificate (original)
3. Social Security Card
4. DNA Test Results
5. Parents certification of enrollment/certificate of Indian blood (if applicable)

**NOTICE:** The Enrollment Officer or Enrollment Committee AT ITS DISCRETION may request further information and documentation; and/or may also require the cooperation of the Applicant and related persons to submit to a DNA test to be undertaken at the Applicant or Guardian expense. This Enrollment Application is submitted to the Spokane Tribe of Indians and the Enrollment Officer as true, complete and correct under penalties of perjury of the laws and ordinances of the Spokane Tribe.

# APPLICANTS ENROLLED BIOLOGICAL PARENTS

**Name of Biological Mother:** \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if applicable)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional) Phone#; \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen ( ) Other: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(PO Box/Street) (City/State) (Zip)

1. Is the mother currently an enrolled member of the Spokane Tribe? ( ) Yes ( ) No If yes, roll # \_\_\_\_\_

2. Is the mother currently or ever been, an enrolled member of another Indian Tribe? ( ) Yes ( ) No

If yes, name of Tribe: \_\_\_\_\_ roll# \_\_\_\_\_

Location/Address: \_\_\_\_\_

3. Has the mother ever had a legal change of name? ( ) Yes ( ) No

If yes, other names: \_\_\_\_\_

**Name of Biological Father:** \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if applicable)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional) Phone#; \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen ( ) Other: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(PO Box/Street) (City/State) (Zip)

1. Is the father currently an enrolled member of the Spokane Tribe? ( ) Yes ( ) No If yes, roll# \_\_\_\_\_

2. Is the father currently or ever been, an enrolled member of another Indian Tribe? ( ) Yes ( ) No

If yes, name of Tribe: \_\_\_\_\_ roll# \_\_\_\_\_

Location/Address: \_\_\_\_\_

3. Has the father ever had a legal change of name? ( ) Yes ( ) No

If yes, other names: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant(18 years of age or older)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Spokane Enrolled Parent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent/Guardian/Spokane Enrolled Parent

\_\_\_\_\_  
Date Signed

The Applicant or Guardian is again advised that this Membership Application will be processed in due course under the particular circumstances determined by the Enrollment Officer to ensure and verify that the requirements for Membership of the Applicant have been met.

# APPLICANTS ENROLLED BIOLOGICAL GRANDPARENTS

(fill this page out if you are applying for enrollment through your Spokane enrolled grandparent)

Name of Biological GrandMother: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if applicable)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional) Phone#; \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen ( ) Other: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(PO Box/Street) (City/State) (Zip)

1. Is the grandmother currently an enrolled member of the Spokane Tribe? ( ) Yes ( ) No If yes, roll # \_\_\_\_\_

2. Is the grandmother currently or ever been, an enrolled member of another Indian Tribe? ( ) Yes ( ) No

If yes, name of Tribe: \_\_\_\_\_ roll# \_\_\_\_\_

Location/Address: \_\_\_\_\_

3. Has the grandmother ever had a legal change of name? ( ) Yes ( ) No

If yes, other names: \_\_\_\_\_

Name of Biological GrandFather: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if applicable)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional) Phone#; \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen ( ) Other: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(PO Box/Street) (City/State) (Zip)

1. Is the grandfather currently an enrolled member of the Spokane Tribe? ( ) Yes ( ) No If yes, roll# \_\_\_\_\_

2. Is the grandfather currently or ever been, an enrolled member of another Indian Tribe? ( ) Yes ( ) No

If yes, name of Tribe: \_\_\_\_\_ roll# \_\_\_\_\_

Location/Address: \_\_\_\_\_

3. Has the grandfather ever had a legal change of name? ( ) Yes ( ) No

If yes, other names: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant(18 years of age or older)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Spokane Enrolled Grandparent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Guardian/Custodian/Spokane Enrolled Grandparent

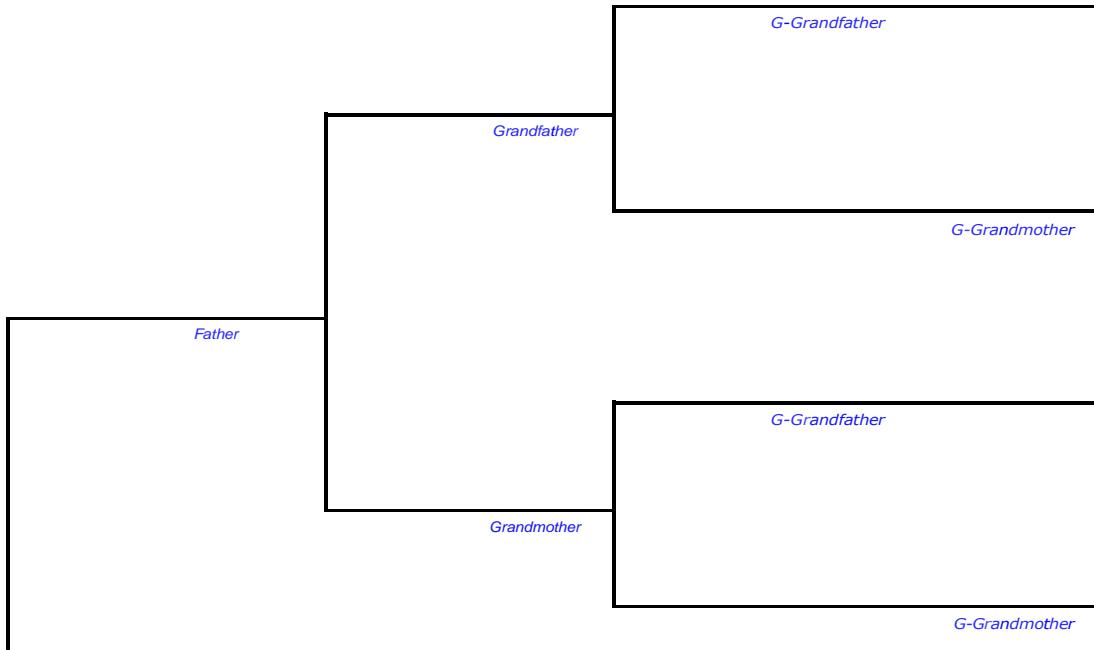
\_\_\_\_\_  
Date Signed

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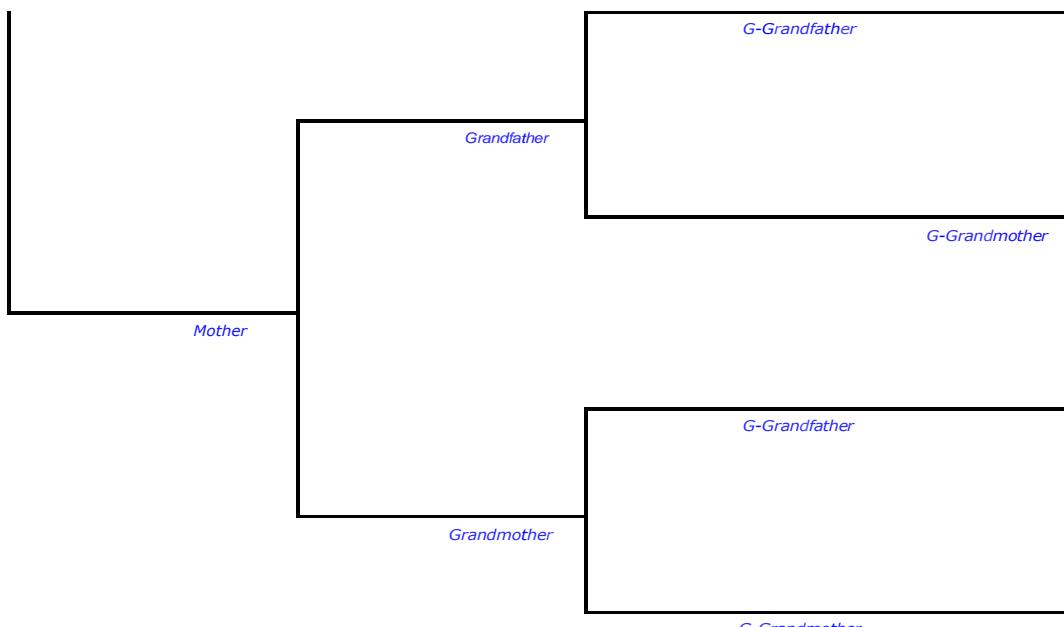
# Spokane Tribe

\*Please fill in as much of the Family Tree as you can

**Family Tree Chart for (applicant's name):**



**Applicant's Name**



**Return Original Application to:** Spokane Tribe of Indians PO Box 100 Wellpinit, WA 99040  
(509)458-6523 vickir@spokanetribe.com