

New River Band of the Catawba Nation Membership Application

P.O. Box 1265 Taylorsville, NC 28681

Please indicate the type of membership you are applying for. Information on each type and its requirements can be found on the Tribal website at:

Please check only one:

Full-

Inter tribal-

Adopted-

**If you are applying for Full Membership please list your
GEDmatch kit # _____ **

Please give the following information:

Full Legal Name

First Middle (Maiden) Last

Date of birth: _____ Place of birth: _____

Address: _____
Street

City State Zip

Phone #: _____ Email: _____

If you choose too you may also enroll other members of your immediate family. This includes Children, Grand children, Spouse and Siblings. If you are enrolling a Sibling please fill out a separate application for each and include a copy of your tree and documents. You must provide identification such as a Driver's License or Birth Certificate for each AND a \$5 per person yearly membership fee for each additional person enrolled under you.

SPOUSE (Adopted Members only). If your spouse qualifies to enroll as either a Full or an Intertribal member please fill out a separate membership form

Name _____
First Middle (Maiden) Last

Address: _____
Street City State Zip

Phone: _____ Email : _____

If enrolling grandchildren please list them under their eligible parent. *If the parent is not joining please check that box*

1. Child- Grandchild- Parent of grand child not joining- *

Name: _____
 First Middle (Maiden) Last

Address: _____
 Street City State Zip

Phone: _____ Email: _____

Date of birth: _____ Place of birth: _____

2. Child- Grandchild- Parent of grand child not joining- *

Name: _____
 First Middle (Maiden) Last

Address: _____
 Street City State Zip

Phone: _____ Email: _____

Date of birth: _____ Place of birth: _____

3. Child- Grandchild- Parent of grand child not joining- *

Name: _____
 First Middle (Maiden) Last

Address: _____
 Street City State Zip

Phone: _____ Email: _____

Date of birth: _____ Place of birth: _____

If you need more room please feel free to make as many copies as needed to enroll all of your family. Please make 2 copies. 1 to mail in (see address at top) and 1 for your records.

I, _____, the applicant,

1. Certify that the information contained herein is true and correct to the best of my knowledge and belief.
2. Agree to abide by all rules and by-laws of New River Band of the Catawba Nation.
3. By joining I am indicating I am not the member of any other Tribe.

Signature of Applicant _____

Date _____

Official use only: Approved- Disapproved- Pending- Date: _____

Full- Intertribal- Adopted- **Membership #** _____

Member ship fee paid- _____ ID paid: _____

Approved by: _____

We would love to hear your family stories about your Native American ancestors. Please feel free to tell us a little bit about how you found out about your Native American roots.

Please remember to include:

1. A copy of just your direct line tree back to your Native American Ancestor. See example on the Enrollment page on the Tribal website
2. A copy of 1 form of proof linking each generation in your tree to the one previous. (See samples on web page under enrollment)
3. Money order or check for the \$5 membership fee/person. Please note this membership fee will be due each year 1 or Jan. 1st. Failure to pay will result in loss of membership.
4. Money order or check for \$15 for each member you are ordering a membership ID card for and a picture of each for the ID card.
5. Photo ID or Birth Certificate of each person who is enrolling.

PLEASE MAIL to: New River Band of the Catawba Nation
PO Box 1265
Taylorsville, NC 28681

You will be notified by email, phone or on Facebook if you are a member of it, when you have been approved.

