



Application For Enrollment To NANA Regional Corporation

Return to: NANA Regional Corporation, Inc., P.O. Box 49, Kotzebue, AK 99752

Application Deadline: August 29, 2008

1. Applicant's Last Name: _____ First and M.I.: _____
Please check one of the following if applicable: Sr. ____ Jr. ____ II. ____ III. ____ Other: _____
2. Other names by which applicant is known: _____
3. Sex: M: ____ F: ____
4. Applicant's Social Security Number: ____ / ____ / ____
(Copy of Card Required)
5. Applicant's Date of Birth: ____ / ____ / ____
6. If Deceased, Applicant's Date of Death: ____ / ____ / ____
(Copy of Birth Certificate Required)
7. Address of Applicant: P.O. Box: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____
8. Parents or Legal Guardian:
 Father: _____ Is father a NANA Shareholder? ____ Yes ____ No
 If father is not a shareholder, is he enrolled to another corporation, if yes, which corporation? _____
 Father's Degree of Native Blood: _____ Please provide father's certificate of Indian blood.

 Mother: _____ Is mother a NANA Shareholder? ____ Yes ____ No
 If mother is not a shareholder, is she enrolled to another corporation, if yes, which corporation? _____
 Mother's Degree of Native Blood: _____ Please provide mother's certificate of Indian blood.

 Other Legal Custodian: _____ Is other custodian a NANA Shareholder? ____ Yes ____ No
 If legal custodian is not a shareholder, is he/she enrolled to another corporation, if yes, which corporation? _____

9. Is applicant a U.S. Citizen? ____ Yes ____ No
10. Applicant's degree of Alaska Native Blood: (1/4, 1/2, 3/4, 4/4, etc.) Iñupiaq ____ Yupik ____ Aleut ____
Haida ____ Tlingit ____ Cupik ____ Tsimpsian ____ Other Alaska Native _____

Certification

I certify that the information given in this application is true to the best of my knowledge and belief. I am aware the law provides for penalties, including jail time, for providing false information.

Signature: _____ Printed Name: _____ Date: _____
(Or custodian, if applicant is a minor)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20____.

Notary Public
My Commission Expires: _____

