

**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, Grandchildren, 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 grandchild 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 grandchild 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 grandchild 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 the 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.