

The Snohomish Tribe of Indians Application for Enrollment

DATE APPLIED _____

For Office Use Only

Enrollment #

Enrollment Date

NAME (First, Middle, Last)*				Maiden	Date of Birth
Current Mailing Address					
City				State	Zip Code
Email Address				Home Telephone Number	Cell Telephone Number
Weight	Height	Hair Color	Eye Color	Military Service Yes [] No [] Branch	
YOUR SPOUSE					
SPOUSE NAME (First, Middle, Last)				Date of Birth	MARRIAGE DATE
					WHERE MARRIED
Attach a copy of your marriage certificate					
<small>• If the name on your State Issued Birth Certificate does not match your enrollment application, or the supporting Snohomish family relationship information does not match your name, you must provide proof of a name change by providing a copy of your marriage certificate, divorce decree, adoption papers, or other certified verification or documentation verifying your name change.</small>					
NAME (First, Middle, Last)		YOUR CHILDREN use back of form if necessary		Date of Birth	Gender(M/F)
YOUR PARENTS					
MOTHERS NAME (First, Middle, Last)			Maiden Name	Date and Place of Birth	
TRIBE Affiliation			Degree		
FATHERS NAME (First, Middle, Last)				Date and Place of Birth	
TRIBE Affiliation			Degree		
GUARDIAN INFORMATION					
<i>If you are submitting an application for someone other than yourself, please print the nature of your relationship</i> _____					
Print Your Name (First, Middle, Last)				Signature	
Your Telephone Number			Your Email Address		

CHECKLIST

- ☐ Application Completed & Signed ☐ Copy of State Issued Birth Certificate Enclosed ☐ Entitlement to Enrollment pg2 Completed/Signed
☐ Supporting information pg 2 completed ☐ Snohomish Genealogy Family Relationship provided (pg 4/5)
☐ Copy of Certified Copy of Marriage License/Adoption/Divorce/*Other Enclosed (circle all that apply)
☐ Other * explain

❖ ☐ **Enrollment Application Fee of \$25 Enclosed. Check made payable to the Snohomish Tribe of Indians**

Mail Completed Application, payment and supporting documentation to:

Email Address: enrollment@snohomishtribe.com

Enrollment Secretary
 Snohomish Tribe of Indians
 9792 Edmonds Way, #267
 Edmonds, WA 98020

CLAIM OF ENTITLEMENT TO ENROLL IN THE SNOHOMISH TRIBE OF INDIANS

Applicant's Name _____ Date _____
Please print

You must mark one or more boxes and include your ancestors name to start your entitlement claim. Attach Documentation.

Check Box	Entitlement Claim	Documentation
<input type="checkbox"/>	I claim entitlement to enroll through my Snohomish Indian Ancestor from whom I am descended (Provide Genealogy/Snohomish Family Relationship)	Ancestors Name (Date of birth if known)
<input type="checkbox"/>	I claim entitlement to enroll through my ancestor from whom I am descended and whose name appears on the Roblin Schedule of Unenrolled Indians page # _____	Name/Attach page
<input type="checkbox"/>	I claim entitlement to enroll through my ancestor of Snohomish blood from whom I am descended who was approved by the Secretary of the Interior for claims distribution of Docket 125, Indian Claims Commission	Name/Attach Documentation
<input type="checkbox"/>	I claim entitlement to enroll through my Snohomish Indian blood. My ancestors' name(s) appear on the 1926 Snohomish Base Roll.	Names(s)
<input type="checkbox"/>	I claim entitlement to enroll through my Snohomish Indian blood. My ancestors' name(s) <u>do not appear</u> on the 1926 Snohomish Base Rolls. My ancestors were signatories of or were collaterally related to signatories of the Treaty of Point Elliott in 1855.	Name/Attach Documentation
<input type="checkbox"/>	Other : Example...Census Records	Date/City/County/State page # Or attach documentation

Complete the **Snohomish Family Relationship** chart. Follow back to the 4.4 degree (full blood) if possible. Attach any Additional Supporting Documentation.

Degree Snohomish Blood	Name: Last, First, M (if known) Snohomish Family Indian Line	Birthdate if Known	Snohomish Family Relationship i.e. Mother, Father, Grandmother, Great Grandfather, etc.
Comments			
You may provide additional information that will help support your entitlement claim. Attach supporting documentation as needed.			

PERJURY STATEMENT	<i>I certify under penalty of perjury that I am not an enrolled member of any other tribe or Alaska Natives and that all statements contained herein, to the best of my knowledge are true and correct.</i>	
	APPLICANT SIGNATURE _____	DATE _____
	I AM SUBMITTING THIS ENROLLMENT APPLICATION AS THE PARENT, GUARDIAN, OR ASSISTANT(CIRCLE ONE)	
	PARENT/GUARDIAN SIGNATURE _____	DATE _____
Please also print your name		

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Entitlement Claim: Snohomish Family Relationship Established & Documented. Reviewed by Enrollment Secretary	
Date _____	
<input type="checkbox"/>	The above applicant has proven entitlement for STI enrollment and should be accepted.
<input type="checkbox"/>	At this time, sufficient documentation is not available to prove entitlement for STI enrollment.

Applicant's Name _____ **Date** _____
Please print

Use this sheet to provide additional information that may help establish your Snohomish ancestry such as family members who are currently enrolled in the Snohomish Tribe of Indians or other information that you believe may support your claim.

[illegible]

If you have any questions or require additional information for help in completing your application, please contact the Enrollment Secretary at enrollmentsecretary@outlook.com or you may write to

Enrollment Secretary
Snohomish Tribe of Indians
9792 Edmonds Way #267
Edmonds WA 98020

You will be contacted in writing and provided with an ID # and Tribal Identification Card when your application has been approved. Only completed applications, including the application fee, are brought to the Tribal Council for approval.

FOR OFFICE USE ONLY	

Maternal Ancestry Genealogy Chart for Enrollment in the Snohomish Tribe of Indians

Maternal Ancestry Genealogy Chart for Enrollment in the Shoshone Tribe of Indians

Applicant's Name	Date
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
Mother's name DOB/Tribe/Degree	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
Grandmother's maiden name DOB/Tribe/Degree	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree
	GGrandfather's name DOB/Tribe/Degree
	GGrandmother's maiden name DOB/Tribe/Degree

SHOSHONE TRIBE OF INDIANS

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Applicant's Name	Date
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THE SNOHOMISH TRIBE OF INDIANS

FEE SCHEDULE

❖ New Enrollment Fee: \$25.00

- This includes your membership card and processing fee. You must complete and sign the enrollment application, and we must have on file a copy of your state issued birth certificate.

❖ Card Replacement Fee: \$5.00

- We will replace your pink or blue/ paper card for a fee of \$5.00
- Elders age 65 years or older will **not** need to pay for a replacement ID card.
- Please complete an Update form.

❖ Photo I.D. Card Fee: \$25.00

- We will Create or Replace your Photo I.D. card for a fee of \$25.00
- Please complete a Photo ID Request form. ❖

Contact the Enrollment Secretary - enrollment@snohomishtribe.org for:

- Enrollment Application
- Photo ID
- Update form.

Please remit fees to:

The Snohomish Tribe of Indians
9792 Edmonds Way, # 267
Edmonds, WA 98020

The tribe also accepts other forms of payment:

1. VENMO (send to lloeber@snohomishtribe.org and please add a description) and
2. Square – if paying by Square – **FEES WILL BE ASSESSED** – please **Contact the Enrollment Secretary - enrollment@snohomishtribe.org for the amount to pay.**