



Chicoran Shakori Oyate
c/o Tommy Howard, Tribal Secretary
1704 Pringle Ferry Road
Georgetown, SC 29440

PLEASE ENCLOSE A COPY OF YOUR DRIVER'S LICENSE AND BIRTH CERTIFICATE WITH THIS APPLICATION. THANK YOU!

DO NOT WRITE IN THIS BOX :

EN# _____ DATE ASSIGNED: _____

CORE MEMBER ENROLLMENT APPLICATION FORM

I, _____, acknowledge that this application for enrollment is based on genealogical research and that I must have direct connection to the tribal core lines as established by the governing body of the tribe and as acknowledged by historical facts. I also agree to the terms below if membership approval is granted by the governing body of the Chicoran Shakori Oyate.

I will hold the best interest of the tribe as my highest priority. I will conduct myself at all times in such a manner as to be a credit to the people and I will never take any actions which may be harmful to the people and/or to the governing body of the tribe.

I agree and accept the Constitution and Bylaws of the tribe as approved by the Tribal Council and the Council of Elders.

I confirm that my children and I are Native American Indians and that we are not enrolled in any other Indian tribe, group, or nation.

I understand that I must be a moral, just, and upright individual within the community and as a member of the tribe, and I acknowledge that to depart from this characterization can lead to the removal of my name from the tribal roll book.

I agree to all of the above with my written signature below.

Printed Name: _____

Signature: _____

Date: _____

**APPLICABLE ADMINISTRATIVE FEES OF \$35 DUE AT THE TIME OF FILING THIS
APPLICATION. PLEASE MAKE CHECKS PAYABLE TO:
CHICORAN SHAKORI OYATE**

PERSONAL INFORMATION

Current Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Place of Birth: _____

Phone Number: (h) _____ (c) _____ (w) _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

SPOUSE INFORMATION

Spouse's Full Name: _____

Date of Birth: _____

Place of Birth: _____

MEMBER PARTICIPATION

1. Have you attended any CSO Council meetings during the past year? (Please circle one.) YES NO
2. Have you attended any CSO Tribal events (for example: Pow Wow, Gathering, Camping Event, Chicora Indian Day) during the past year? (Please circle one.) YES NO
3. Have you donated time, service, materials, or money to the Chicora Tribe during the past year? (Please circle one.) YES NO

Applicant's T-shirt size (Adult sizes, please circle one): S M L XL XXL 3XL 4XL

MINOR CHILDREN TO BE ENROLLED AT THIS TIME
(CHILDREN UNDER THE AGE OF 18 WHO ARE ELIGIBLE FOR TRIBAL ENROLLMENT)

CHILD NO. 1

Current Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Place of Birth: _____

CHILD NO. 2

Current Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Place of Birth: _____

CHILD NO. 3

Current Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Place of Birth: _____

***NOTE: ADULT CHILDREN OVER THE AGE OF 18 WILL NEED TO ENROLL SEPARATELY.**

FAMILY LINEAGE

Father's Name: _____

Date of Birth: _____

Place of Birth: _____

His Father's Name: _____

Date of Birth: _____

Place of Birth: _____

His Mother's Name: _____

Date of Birth: _____

Place of Birth: _____

Mother's Name: _____

Date of Birth: _____

Place of Birth: _____

Her Father's Name: _____

Date of Birth: _____

Place of Birth: _____

Her Mother's Name: _____

Date of Birth: _____

Place of Birth: _____

MEMBER INTERESTS

Which of the following activities are you interested in learning and/or teaching or otherwise being involved with? (Please circle all that apply. If you have an interest not shown here, please add it to the list.)

Dancing

Drumming & Singing

Ceremonies

Crafts

Events Planning

Governing Body

Regalia

Planting In Native Ways

Hunting & Fishing

Native Recipes

Herbs & Alternative Remedies

History & Culture

I agree to provide information from my lineage for the purpose of genealogical research to be conducted in consideration of my membership into the tribe. I agree that I do not limit the tribe or anyone that may conduct the research to any certain standards based on their research.

I, _____, agree to all terms as listed above throughout this application for enrollment. I agree that all information that I have provided is accurate to the best of my knowledge and is not misleading in any way whatsoever. I understand that this application as submitted does not guarantee that I am an enrolled member unless specified by the governing body of the Chicoran Shakori Oyate. I also give the governing body of the tribe the authority to conduct any and all research necessary in consideration for my possible enrollment in the tribe.

TRIBAL OFFICE ENROLLMENT USE BELOW

DATE RECEIVED:		RECEIVED BY:	
DATE RESEARCH STARTED:		DATE RESEARCH COMPLETED:	
RESEARCH PROVIDED BY:			
DECISION OF APPLICATION:		CORE FAMILY:	
YES NO			
COUNCIL VOTE DATE:			
COUNCIL VOTE: (NUMBER OF YES VOTES OUT OF TOTAL NUMBER VOTING)			
COUNCIL SIGNATURE:			
ASSIGNED ENROLLMENT NUMBER:		DATE ENROLLED:	