THE SALYERSVILLE INDIAN COMMUNITY

Enrollment Application

To apply for membership with the Salyersville Indian Community you must complete an application packet. Please use a black or blue pen to complete this application. The packet includes:

- Membership Application – Each person applying for membership will need to complete this packet. All forms must be completed to the best of your knowledge.
- Pedigree Chart – You must provide the names, maiden names for females. Please do not put on file.
- Individual History Chart – To be completed by each applicant. Parent or guardian can complete for minor and must enter the name of the person preparing the form and the date it is prepared.

The burden of proof is on the applicant. The applicant is required to provide all verification. We suggest a donation of a minimum of $15.00 payable to the Salyersville Indian Community, INC, if the enrollment committee is to provide your documentation for you.

Application is considered incomplete until all forms and documentation is received. Once your application has been processed, the Enrollment Office/Officer will approve or reject your application and you will be notified in writing.

A photocopy of the applicant's certified birth certificate, as issued by the state or county vital records office. This must be submitted with this application to meet requirements. Without it the application is considered incomplete.

PRIVACY ACT STATEMENT

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. The Salyersville Indian Community Inc. will not disclose any record containing such information without the written consent of the respondent unless the requested uses the information to perform assigned duties. The primary use of this information is to certify that an individual is eligible to become a carded member of the Salyersville Indian Community.

Tribal Roll Enrollment Application
Salyersville Indian Community - Connie Barber
106 Marie Street
Huntington, WV 25704
Phone: 304-633-2670
Email: enrollment@salyersvilleindiancommunityinc.org

Full Legal Name: _____

Maiden Name: _____

Address:
_____

City: _____ State: _____

Zip Code: _____

Date of Birth (mm/dd/yyyy): ____ /____ /_____ Male: ☐ Female: ☐

Email Address: _____

Primary Phone Number: (_____) _____

Secondary Phone Number: (_____) _____

Spouse's Name (if available) (include maiden name): _____

Address (if different than above): _____

Is the applicant adopted? Yes ☐ No ☐

If YES, please submit the Final Decree of Adoption. Or documents showing the lineage to one of the Core families.

Is the applicant a minor child? Yes ☐ No ☐

Note: Minor children are required to complete separate application for tribal enrollment, And must include the lineage chart.

Ancestor(s) by whom you claim to be a direct descendant of (please check all boxes that apply)

☐ John Charles Cole & Cuzzie Anderson ☐ Valentine Collins & Dicey Gibson

☐ Bryson/Bryce Gibson & Fannie Green ☐ Shepherd Collins & Polly Cole

Did any of your ancestors file an Eastern Cherokee Application?

Yes ☐ No ☐ Don't know ☐

Names of those in your lineage who filed an Eastern Cherokee Application along with the Eastern Cherokee Application #, if available:

_____

_____

_____

_____

Were any of the ancestors in your direct line named on an Indian Census?

Yes ☐ No ☐ Don't know ☐

If so, please provide the name and the year(s) they were named on the Indian Census:

_____

_____

_____

Are you a member of any other State, Federal, or un-recognized tribe? Yes ☐ No ☐

If yes, please provide the name of the tribe(s) on the line below:

_____

_____

_____

INDIVIDUAL HISTORY CHART (To be completed by every applicant) DATE OF BIRTH

Member's Name: _____ _____________

Name of Member's Wife/Husband: (If wife, give name before marriage)

_____ _____________

Names of Member's Children: MALE/FEMALE

1. _____ _____
____

2. _____ _____
____

3. _____ _____
____

continue on next page

Continue Names of Member's Children MALE/FEMALE DATE OF BIRTH

4. _____ _____
____

5. _____ _____
____

6. _____ _____
____

7. _____ _____
____

Name of Member's Father: _____ _____________
Name of Member's Mother: (Give name before marriage)

_____ _____________

Names of Member's Brothers:

1. _____ _____________
2. _____ _____________
3. _____ _____________
4. _____ _____________
5. _____ _____________
6. _____ _____________
7. _____ _____________

Names of Member's Sisters:

1. _____ _____________
2. _____ _____________
3. _____ _____________

4. _____ _____________

5. _____ _____________

6. _____ _____________

7. _____ _____________

Name of person preparing this chart (print clearly) Date prepared

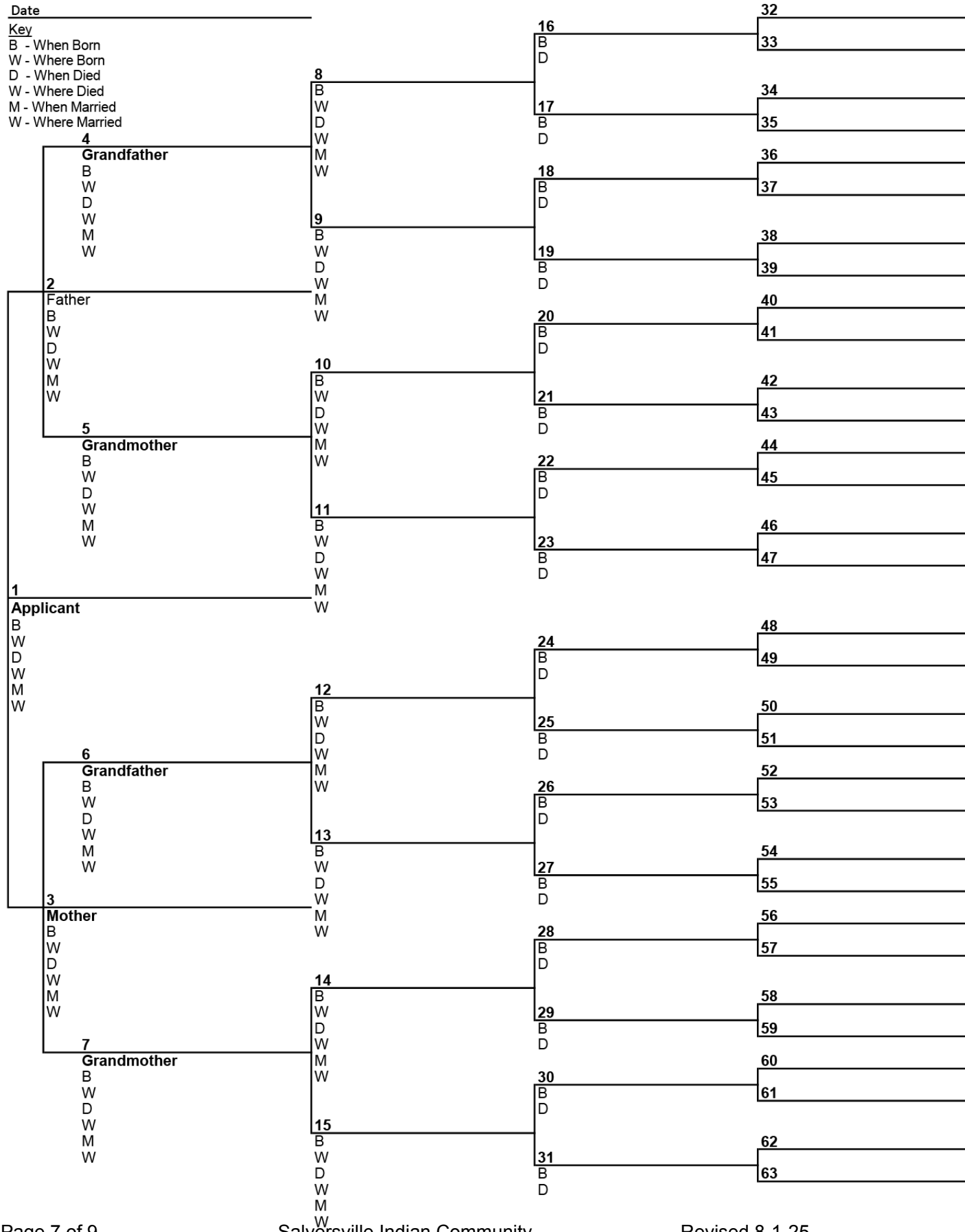
_____ _____________

Six Generation Pedigree Chart

Compiled by

Date

Key
B - When Born
W - Where Born
D - When Died
W - Where Died
M - When Married
W - Where Married



☐ I hereby certify and attest that the information & statements given for the purpose of enrollment into the Salyersville Indian Community are true and correct to the best of my knowledge. I further understand that providing false information to deliberately obtain Tribal membership can and will result in immediate rejection of the application, and immediate removal from Tribal membership if enrolled. By signing below, I also certify that I am not an enrolled citizen of any other Native American tribe, band or Nation. The Salyersville Indian Community reserves the right to accept or reject any applications without recourse of judgment from all members and non-members and or applicants. I authorize the use by Salyersville Indian Community in any capacities for the purpose of lineage of any documentation and information submitted with my membership application process.

_____ _____

Applicant (or) Parent/Guardian Signature Date

_____ _____

Printed name of signature Relationship

Notary State of _____ County of _____

The Forgoing instrument was acknowledged by _____

Before me on the ____ day of _____, _____

Signature _____

Printed Name _____

My commission expires _____

Acting in the county of _____

□ PLACE SEAL HERE □

For Official Use Only

Birth Certificate: Yes ☐ No ☐

Dual enrollment: Yes ☐ No ☐

RECEIVED DATE: _____

BY MAIL o IN PERSON o

SIGNATURE: _____

Date Approved/Disapproved by Enrollment Officer:

_____

Comments/Remarks _____

Validated by

Date

_____

Enrollment Officer's Signature

_____

Date