

APPLICATION FOR MEMBERSHIP - MINOR TO ADULT

JUANEÑO BAND OF MISSION INDIANS ACJACHEMEN NATION

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am requesti of Mission In enrolled as a age of eight	ndians, A a minor a	DATE OF APPLICATION			
PERSONAL	INFORM	ATION			
Full Name :					
Nickname :				Mother's Legal Name	
Date of Birth :		/		Father's Legal Name :	
Email :				Maternal Grandmother :	
Phone Number:				Maternal Grandfather :	
Marital Status :				Paternal Grandmother:	
Place of Birth :				Paternal Grandfather:	
Gender:	Male	Female	Non-Binary	Tribal ID #:	
ADDRESS Present Address:					
City:				Present State:	
Zip Code :				Is this also your permanent address?	Yes No
A	pplicant Sign	ature	_	Tribal	Council Signature

My connection with this Nation is through the following information. I attest this information to be true and lawful.

This form will be sent to Tribal Council. You will need to print this form if you are mailing the information in AND have it notarized.



APPLICATION FOR MEMBERSHIP - PERSONAL HISTORY

JUANEÑO BAND OF MISSION INDIANS ACJACHEMEN NATION

Full Name :						
Date of Birth :		/	Place of Birth:			
Date of Baptism :		/	Place of Baptisn	n:		
Date of Marriage:		/	Place of Marriag	де:		
Spouse Name:			Spouse Name:			
Mother's First & Maiden Name						
Date of Birth:		/	Place of Birth:			
Date of Baptism :		/	Place of Baptism	n:		
Date of Marriage:		/	Place of Marriage	e:		
Date of Death:		/	Place of Burial:			
Father's Legal Nan	ne:					
Date of Birth :		/	Place of Birth:			
Date of Baptism :		/	Place of Baptism	n:		
Date of Marriage:		/	Place of Marriage	e:		
Date of Death:			Place of Burial:			
Gender Child's 1	Name	DOB P	lace of Birth N	Marriage Date	Date of Death	Burial Location