

Checotah (Creek) Indian Community Application for Membership



Date of Application: _____

Type of membership: _____ Member _____ Associate Member

Name: _____
(List children on the back of this form and attach copies of Muscogee (Creek) Nation citizenship cards)

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Email: _____

I agree to abide by the Constitution of this Indian Community, its policies, procedures, and rules. I am not a member of any other Muscogee (Creek) Nation Chartered Indian Community

Signature of Applicant

Date

VERIFICATION OF ELIGIBILITY (Provide All of the Following Documents)

- 1) Muscogee (Creek) Nation Citizenship: (Attach a copy of MCN Citizenship card) _____
Or Federally Recognized Tribe (Attach proof) _____ Tribe: _____
 - 2) Proof of Residence: (Copy of current utility bill) _____
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Approved as: _____ Member _____ Associate Member

Verified by:

Signature

Title

Date

Signature

Title

Date

(New Applicants will be given a copy of the Community Constitution and Policies and Procedures on request. New applicants will be verified within 30 days of application date.) ***Associate Members who are non-Creek are not eligible to vote or hold office, nor participate in the Community's benefit programs.**

Children

Full Name	Age	Roll Number