

**OCCANEECHI BAND OF THE SAPONI NATION  
TRIBAL ENROLLMENT APPLICATION**

\*For Office Use Only

Date Received		Member ID #	
Approved y/n		Record Number	
Date Processed		Date to Database	
Card No.		Card Issued	

**The Applicant's tribal enrollment is contingent upon meeting the criteria outlined in "Article 3: Membership" of the OBSN Constitution.**

Directions: Print or type application (*It must be legible!*). Completely answer all questions listed below. If an answer is unknown, mark as "unknown."

Return completed hardcopy application to: **OBSN  
PO Box 356  
Mebane NC 27302**

**APPLICANT'S INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

DATE OF BIRTH	MONTH	DATE	YEAR

Check all applicable below:

- I am an Occaneechi Descendant that was born in Orange, Alamance, or Caswell County.
- At least one of my parents is an Occaneechi Descendant that was born in Orange, Alamance, or Caswell County.
- At least one of my grandparents is an Occaneechi Descendant that was born in Orange, Alamance, or Caswell County.

**MAILING ADDRESS:**

Note: If approved, it is your responsibility to update any address changes, in writing to the OBSN Tribal Office.

<b>Street/PO Box/Apt. #</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	

List the Applicant's Spouse, Parents, Brothers and Sisters, and Children in the appropriate spaces below:

Applicant's Spouse (Maiden Name If Applicable)	
---	--

Applicant's Mother's Name			
Applicant's Father's Name			
Siblings' Names			
Siblings' Names			
Children's Names		Date of Birth	Date of Birth
Children's Names		Date of Birth	Date of Birth

Home phone number	
e-mail address	

SIGNATURE	Date
-----------	------