

## Application for

## Delaware Tribe of Indians Membership Verification Card First card is free of charge, Replacement cards will cost \$10.00

For Inquiries Please call 918-337-6590

Name					
first		middle	last		maiden
Address					
City		_State	Zip	_Dayt	ime Phone#
Date of Birth	1	Gen	nder M F	Soc	ial Security #
Tribal Identif	fication Number		Email	Addre	ss
Veteran	Y N If yes, E	Branch of Ser	vice		
			nother current photo ID sued ID card) <b>MUST</b> be		
	tted with this applicat		sueu ib cuiu, iiiosi be	$\neg \mid$	If Photo ID requested please
					include current passport photo. Photo will not be returned.
					Check for no photo
•	f a notary public so pen or fine black		hin the defined are ssible.	a	
	apply to members w ing this application.		age 18. Please conta	ct the e	enrollment department for details
<ol> <li>COMPLETE all fields of this application. Incomplete applications will not be processed.</li> <li>ATTACH copies of other appropriate forms of identification and current photo (Details listed above) with your full name written on back of photo.</li> <li>NOTARIZE Signing of this application must be witnessed by a notary public. If applicant is under the age of 18, special rules apply please contact the enrollment department.</li> </ol>					
4.) MAIL	(Printed name and signature of authorized guardian of above minor)  Date  MAIL application and documentation to:  Delaware Tribe of Indians – ID Office * 170 NE Barbara * Bartlesville, OK 74006				
		to be	completed by notary	public-	
, prove	ed to be on the basi	s of satisfactory	y evidence to be the	person(	20 , by s) who appeared before me.
Notary Public S My Commission	ignature n Expires	Com	mission #	=	<u></u>