



United Tribes of California

UTOC Tribal Membership Application

Applicant Information

Full Name: _____

Native, Maiden
or other name
used: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit

City

State

ZIP Code

Phone: _____

Email: _____

Applicant

Genealogy

Birthdate: _____

Verification: _____

Tribal

Affiliations: _____

Is either of your parents a member
which another tribe?
tribe?

If yes,
of YES NO

YES NO

Is the applicant an American
Citizen?

YES NO

Have you ever been convicted of a felony?

If yes,

explain:

Education

High School: _____ Address: _____

Did you YES

NO

Diploma: _____

From: _____ To: _____ graduate? _____

College: Address: _____

Did you YES NO

From: To: graduate? _____

Degree: _____

Other: Address: _____

NO

Did you YES

From: _____ To: _____ graduate? Degree: _____

Were you Referred?

Full Name: _____ Relationship: _____

Company: _____

Address: _____

Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at

Discharge: _____

Type of Discharge: _____

If other than honorable,
explain:

Disclaimer and Signature

"We at UTOC would like all to know and understand that anyone wishing to join our Nation, that many questions are sensitive however necessary. We will require proof of genealogy attached to this application, however aside from Applicant information, Education, Referral and Military Service will be optional. By providing us with this information it could be beneficial to you for events, promotions, classes, volunteer positions or job offers we may have in the future.

If you need somewhere to call home, people to celebrate your wins, people to lift you up and help you heal when you feel alone You may have found a home with United Tribes of California. We do not discriminate what specific Tribe you were born into or your blood Quantum, as long as you can prove your genealogy of Native American or Indigenous ancestry through any of the following; AncestryDNA, 23andme, FamilyTree, etc.

I certify that my answers are true and complete to the best of my knowledge.

Signature
of
Applicant:

Date:

Signature of Parent, Guardian or Conservator: _____ Date: _____

Received By: _____

Approved By: _____