



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

Birthdate:

Genealogy

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: _____

_____ Did you YES ☐ NO ☐
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: _____