

THE SUMTER TRIBE OF CHERAW INDIANS

APPLICATIONS/CONFIRMATION/RESIGNATION OF MEMBERSHIP

_____ I wish to apply to be a member of the Sumter Tribe of Cheraw Indians

_____ I confirm that I am not a member of any other Native American Tribal/Groups/Association per the STCI Constitution. If found on any other list/roll: the STCI will revoke your membership first.

_____ I request to be removed from the membership roll of the Sumter Tribe of Cheraw Indians. Tribal # _____

Full Complete Name: _____

If married: Maiden name: _____

Birth Date: _____

Enrollment Date: _____

Signature of Applicant/Member: _____

Witness: _____

(Can be a family member or friend; does not have to be notarized)

If applicant is a child under the age of 18; a parent or guardians must sign and apply on their behalf.

Signature: _____

This signed document will give the STCI the right to submit or remove your name from the Sumter Tribe of Cheraw Indians Tribal roll. Your file will be submitted to the Tribal Council for approval or denial upon verification and complete documentation as required by the Tribal By-Laws and/or Constitution.

Address: _____

Phone number: _____