LUMMI INDIAN BUSINESS COUNCIL
2665 KWINA ROAD • BELLINGHAM, WASHINGTON 98226 • (360) 312-2000

ENROLLMENT OFFICE PROCESS FORM

Name _____ **Date of Birth** _____
Last, Suffix First Middle MM/DD/YYYY

Physical Address _____
Street APT/BLDG/UNT# City/State Zip Code

Mailing Address (if different) _____
Street T/BLDG/UNT# City/State Zip Code

Phone # _____
Primary Cell Message

Email (OPTIONAL) _____

I am requesting: *(check all that apply)*

- ☐ Certificate of Indian Blood (CDIB/CIB)
- ☐ Lhaq'te'mish Tribal ID RECEIPT REQUIRED*
- ☐ Copy of Social Security Card (ONLY IF IT'S ON FILE)
- ☐ Copy of Birth Certificate
- ☐ Notary Public service

*ID FEE SCHEDULE	AGES	1st ID	2nd ID	3rd/ *FINAL* ID
☐ MINORS	+ 17	$10	$20	$30
☐ ADULTS	18 –61	$20	$40	$60
☐ ELDERS	62+	$0	$0	$0

For Lhaq'te'mish Tribal ID, please fill this form completely. Leaving blank spaces will cause delay. Also, if requesting a Tribal ID, Enrollment may take a new photograph.

VITAL STATS:

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	GENDER
				☐ MALE ☐ FEMALE

Enrollment # _____ **Indian Name** _____

I hereby certify that the information provided is true and correct.

Signature _____ **Date** _____

Enrollment Office Use Only

Processed by _____ **Date** _____

*This form is *not* the Enrollment Application*

☐ **Kickback Card#** 7030118900