



Dear Applicant:

Thank you for your request for an enrollment application. To apply for membership please submit:

1. Tangirnaq Enrollment Application
2. Family Tree
3. Birth certificate
4. Name change document (if name is different from birth certificate)

The necessary forms are enclosed. Additionally, while it is not required of all applicants, a Certificate of Indian Blood (CDIB) may be requested to prove native descent. If you need an application to request a CDIB from the Bureau of Indian Affairs, we can provide one upon request.

When completed, please mail the original application, family tree chart, and birth certificate to:

Tangirnaq Native Village (aka Woody Island)  
3449 East Rezanof Drive  
Kodiak, AK 99615

Alternatively, legible scanned copies of documents may be submitted by email to [info@woodyisland.com](mailto:info@woodyisland.com)

Membership eligibility is based on our constitution and enrollment ordinance, a person must meet the following eligibility requirements in order to become a tribal member:

1. Any person listed on the final Leisnoi, Inc. membership base roll approved by the department of the interior for the Alaska Native Claims Settlement Act, or
2. Direct lineal descendants of base members and direct lineal descendants of persons adopted into the Tribe shall automatically be eligible for membership in Tangirnaq Native Village, or
3. Minor children of members shall either be formally enrolled into Tangirnaq Native Village or be members in Tangirnaq Native Village by virtue of the eligibility until they reach 18 regardless of whether or not the parents or guardians enroll them into another tribe. Children who have not been formally enrolled to Tangirnaq Native Village and wish to be formally enrolled may apply upon becoming 18 years of age.

If you need any assistance in completing the forms, please contact us at (907)486-9872 or email [info@woodyisland.com](mailto:info@woodyisland.com). Our office hours are 8AM – 5PM Monday through Friday.

Attachments: Enrollment Application Form & Family Tree Worksheet Form

**TANGIRNAQ NATIVE VILLAGE (AKA WOODY ISLAND)  
ENROLLMENT APPLICATION**

First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Male/Female  
Middle Name: \_\_\_\_\_ Head Of Household: Yes/No  
Last Name: \_\_\_\_\_ Marital Status:  
Single \_\_\_\_\_ Widowed \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Married \_\_\_\_\_ Common law/Tribal \_\_\_\_\_  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Other names by which applicant is known:  
(i.e. Native, married, nicknames, AKAs) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Residence Address: \_\_\_\_\_  
(If different) City State Zip

Home Phone #: \_\_\_\_\_ Work or Message Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth (mm/dd/yy) Place of Birth (city,state) Social Security Number

Degree of Native Blood Claimed : \_\_\_\_\_  
Alutiiq Other (Specify) Total

Is applicant currently enrolled to any Tribe? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, which Tribe? \_\_\_\_\_

Is applicant a direct lineal descendant of an original Leisnoi, Inc. Shareholder? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, name of ancestor on base roll: \_\_\_\_\_

Applicant's Spouse: \_\_\_\_\_ Circle One  
Applicant's Father: \_\_\_\_\_ Natural / Adopted / Step  
\_\_\_\_\_ Natural / Adopted / Step  
Applicant's Mother: \_\_\_\_\_ Natural / Adopted / Step  
\_\_\_\_\_ Natural / Adopted / Step  
Applicant's Children: \_\_\_\_\_ Son / Daughter Natural / Adopted / Step  
\_\_\_\_\_ Son / Daughter Natural / Adopted / Step  
\_\_\_\_\_ Son / Daughter Natural / Adopted / Step

\_\_\_\_\_  
Date Signature

**Supporting documentation is required for individuals whose names do not appear on the base roll for Leisnoi Inc.**



**INSTRUCTIONS:**

Fill out as much information as you can  
 Include maiden names when possible.  
 List Tribal Ethnicity as Alutiiq, Aleut, Tlingit, etc.  
 List Quantum as full, 1/2, 1/4, 1/8, 1/16, etc.

**FAMILY TREE WORKSHEET**

		GG-Grandfather DOB: DOD:	
		G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
Grandfather DOB: DOD: Tribal Ethnicity: Quantum:		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
Father DOB: Date of Death (DOD): Tribal Ethnicity: Quantum:		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
		G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
Grandmother DOB: DOD: Tribal Ethnicity: Quantum:		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
Applicant's Name Date of Birth (DOB): Tribal Ethnicity: Quantum:		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
		G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
Grandfather DOB: DOD: Tribal Ethnicity: Quantum:		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
Mother DOB: Date of Death (DOD): Tribal Ethnicity: Quantum:		G-Grandfather DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD:
Grandmother DOB: DOD: Tribal Ethnicity: Quantum:		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandfather DOB: DOD:
		G-Grandmother DOB: DOD: Tribal Ethnicity: Quantum:	GG-Grandmother DOB: DOD: