



**CHEYENNE & ARAPAHO TRIBES—DEPARTMENT OF ENROLLMENT
MEMBERSHIP RECORD**

Applicant's Name _____ D.O.B. _____ SS # _____ Male Female

FATHER

NAME		D.O.B.
TRIBE	DEGREE	AGENCY
OTHER TRIBE	DEGREE	AGENCY

MOTHER

NAME		D.O.B.
TRIBE	DEGREE	AGENCY
OTHER TRIBE	DEGREE	AGENCY

BROTHERS

NAME	D.O.B.	D.O.D.	ROLL #

SISTERS

NAME	D.O.B.	D.O.D.	ROLL #

CHILDREN

NAME	D.O.B.	D.O.D.	ROLL #

SPOUSE

NAME	D.O.B.	D.O.D.	ROLL #

MILITARY SERVICE RECORD

Did you serve in the United States Military? YES NO

Date Entered _____

Date Discharged _____

Branch _____

Military Serial # _____