



NATIVE AMERICAN CHURCH OF THE GHOST DANCERS

2008 NEW MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY

CONTACT DATA *(All information will be kept confidential and be used only for Church-related business)*

Name: _____

First Middle Name or Initial Last Informal Name

DOB: _____ Tribal Ethnicity *(registered or not, if any)* _____
MM/DD/YYYY

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

HATAK HOLIHTA MOIETY *(Only Federally Recognized American Indians complete this section)*

Tribes: _____ Degree of Blood: _____

Enrollment/Tribal #: _____ BIA Agency where enrolled: _____

Tribal membership contact person and number: _____

Please send a copy of CDIB card and tribal membership card with application

Applicant signature: _____

OFFICE USE ONLY

Church membership#: _____

Gregorian Calendar Date: _____

NATIVE AMERICAN CHURCH OF THE GHOST DANCERS
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