



# PEORIA TRIBE

## OF INDIANS OF OKLAHOMA

118 S. Eight Tribes Trail • P.O. Box 1527  
Miami, Oklahoma 74355  
(918) 540-2535

### Instructions for Photo Membership Card Application

1. Complete the Membership Card application form in its entirety in **BLACK INK**.
2. Attach two (2) - 2"x2" passport photos – please do not use staples. The photos must be able to be removed as they are going to be scanned. ***You do not need to obtain a passport. If you have a passport, DO NOT make a copy of those photos. Go to an establishment that takes passport photos (ex: Walgreens, Kinkos, Wal-Mart, etc.) have the photos taken and return those two photos with the application.***
3. In front of notary sign your name inside the box and date the application. Attached notarizations will **NOT** be accepted and will be returned to the submitter.
4. Have notary notarize photo membership card application.
5. Fold notarized application (**be careful not to fold the pictures**) and place inside an envelope and return to the Enrollment Office.

Applications not completed, as per the instruction sheet, will not be processed and will be returned with a request for application process to be repeated.



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## TRIBAL MEMBERSHIP CARD APPLICATION

Date: \_\_\_\_\_

Tribal Member: \_\_\_\_\_  
(First Name) (Middle Name) (Maiden Name) (Last Name)

Address: \_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Home Phone) (Date of Birth) (Social Security Number)

\_\_\_\_\_  
(Email)

I am requesting a duplicate membership card for the following reason(s): \_\_\_\_\_

Signature of Tribal Member:

Date: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of \_\_\_\_\_

County of \_\_\_\_\_ )

On \_\_\_\_\_ 20\_\_\_\_\_  
(date)

before me \_\_\_\_\_  
(insert name and title of officer)

personally appeared:  
\_\_\_\_\_  
(please print name)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

(Seal)

Notary Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

### For Office Use Only:

Application Taken By: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_