

ALASKA NATIVE BROTHERHOOD #14  
ALASKA NATIVE SISTERHOOD #14  
KETCHIKAN, ALASKA

-Life-time Membership Application-

Name: \_\_\_\_\_ Marital status: *M W D* Single

Spouse's name: \_\_\_\_\_

Maiden name or other names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Date of membership of ANB #14/ ANS #14, Ketchikan: \_\_\_\_\_

(1) List membership & years of previous camp: \_\_\_\_\_

Reference to confirm membership: \_\_\_\_\_

(2) List membership & dates of previous camp: \_\_\_\_\_

Reference to confirm membership: \_\_\_\_\_

(3) List membership & dates of previous camp: \_\_\_\_\_

Reference to confirm membership: \_\_\_\_\_

Referral to life-time membership committee:    ( ) Approved            ( ) Not approved

\_\_\_\_\_  
Committee chairman

Date referred to main body for action: \_\_\_\_\_

\_\_\_\_\_  
ANB/ ANS President

\_\_\_\_\_  
ANB/ ANS Secretary