**CHIRICAHUA APACHE MIMBRENO NDE NATION**

*TMF-2018*



**TRIBAL MEMBERSHIP FORM**

**NAME: ADDRESS:**

First: Street:

Middle: Apt#:

Native: City:

Last: State:

Zip Code:

Phone:

Email: DOB:

Driver’s License State: DNA Submitted? (Y/N):

Driver’s License #: LiveScan Submitted? (Y/N):

Sex: **Membership Type (🗸):**

Height: **Silver** ($350) **Gold** ($700)

Weight: Fee Paid w/PayPal Online (Y/N)?:

Hair: Signature:

Eyes: Date:

**Please mail this form to:**

CAMN Nation, 16738 Lakeshore Dr Suite H48, Lake Elsinore, CA 92530

**You can also email this form to: [ApacheMimbrenoNation@gmail.com](mailto:ApacheMimbrenoNation@gmail.com)**