

## New Shareholder Information Sheet

## Welcome! Please complete the following

Name:	
Address:	
Phone Number: ( )	Alternate Phone: ( )
Email:	Your information will remain confidential.
Social Security No:	Birth Date:
Sex: M F Degree of Indian Blood:	%
Native Origin: Aleut Eskimo	Indian
Father's Name:	
Mother's Name:	Mother's Family Name:
Please list all other Native Corporations that you ar	e currently a shareholder in:
0:	
Signature	Date
	Date  Natives Association Newsletter electronically please check
E-Newsletter: If you would like to receive your Ninilchil here and provide us with your e-mail address.	
E-Newsletter: If you would like to receive your Ninilchil	
E-Newsletter: If you would like to receive your Ninilchil here and provide us with your e-mail address.	
E-Newsletter: If you would like to receive your Ninilchil here and provide us with your e-mail address.  Office Use Only	