NATIONAL COUNCIL OF INDIGENOUS NATIONS (NCIN)

OFFICIAL REGISTRATION & APPLICATION FORM

Administrative Business Council PSI, Inc.
Operating as the National Council of Indigenous Nations (NCIN)

CONFIDENTIAL APPLICANT INFORMATION

APPLICANT INFORMATION

Application Date

Registration Number

Applicant ID Number

Membership Number (Assigned)

Certificate Number (Assigned)

APPLICATION TYPE

(Check all that apply)

- ☐ NCIN Membership
- ☐ Family Lineage Registration
- ☐ Genealogical Research Services
- ☐ Genealogy Subscription Plan
- ☐ Professional Security Officer Program
- ☐ Certified Protection Officer Program
- ☐ Tribal Public Affairs Officer Program
- ☐ Tribal Master Detective Program
- ☐ Volunteer Services
- ☐ Other: _____

PERSONAL IDENTIFICATION

Legal Last Name

Legal First Name

Middle Name

Suffix

Preferred Name

PERSONAL IDENTIFICATION (continued)

Date of Birth

Place of Birth

Citizenship

Gender (Optional)

IDENTIFICATION

Driver License or Government ID Number

State or Country Issued

Expiration Date

Passport Number (Optional)

Tribal Enrollment Number (If Applicable)

National Identification Number (If Applicable)

CONTACT INFORMATION

Home Address

Apartment/Suite

City

State

ZIP Code

County

Country

Primary Telephone

Secondary Telephone

Email Address

Preferred Method of Contact:

☐ Phone ☐ Email ☐ Mail

EMERGENCY CONTACT

Name

Relationship

Telephone

Email

GENEALOGY & FAMILY LINEAGE

Primary Tribal or Indigenous Affiliation

Clan (If Applicable)

Nation

Family Surname

Maternal Family Line

Paternal Family Line

Known Ancestors

Historical Family Locations

Research Requested:

- ☐ Family Tree
- ☐ Lineage Verification
- ☐ Historical Records
- ☐ Tribal Records Research
- ☐ DNA Documentation Review
- ☐ Archive Research
- ☐ Other

MEMBERSHIP SELECTION

- ☐ Individual Membership
- ☐ Family Membership
- ☐ Student Membership
- ☐ Senior Membership
- ☐ Organizational Membership
- ☐ Lifetime Membership
- ☐ Honorary Membership

GENEALOGY SUBSCRIPTION PLAN

- ☐ Monthly
- ☐ Quarterly
- ☐ Annual
- ☐ Professional Research
- ☐ Family Archive Services
- ☐ Records Preservation

PROFESSIONAL SERVICES APPLICATION

Applying For:

- ☐ Professional Security Officer
- ☐ Certified Protection Officer
- ☐ Tribal Public Affairs Officer
- ☐ Tribal Master Detective

Current Employer

Current Position

Employer Address

Years of Experience

PROFESSIONAL QUALIFICATIONS

Professional Certifications

Security License (If Applicable)

Protection Certifications

Military Service

Law Enforcement Experience (If Applicable)

Emergency Management Experience

Public Affairs Experience

Investigative Experience

Genealogical Research Experience

EDUCATION

Highest Education Completed

College or University

Degree

Professional Training

REFERENCES

Reference One

Name

Telephone

Email

Relationship

Reference Two

Name

Telephone

Email

Relationship

BACKGROUND INFORMATION

Have you ever been convicted of a felony where legally relevant to the position applied for?

☐ Yes ☐ No

If yes, explain:

APPLICANT CERTIFICATION

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that submission of this application does not guarantee membership, certification, appointment, employment, or assignment. I authorize the verification of information submitted where permitted by law and acknowledge that any false statement or material omission may result in denial or revocation of membership or participation in NCIN programs.

Applicant Signature

Printed Name

Date

OFFICIAL NCIN USE ONLY

Application Number

Membership Number

Certificate Number

Investigator/Reviewer

Application Status:

☐ Pending
☐ Approved
☐ Denied
☐ Additional Information Required

Date Reviewed

Authorized Representative

Official NCIN Seal

Signature

This form is designed so the applicant's legal name, registration number, membership number, and certificate number can be carried directly onto an NCIN membership or certification certificate after approval.