



**New York Indian Council, Inc.**  
21-25 44<sup>th</sup> avenue  
Long Island City, NY 11101  
Office: (718) 215-8417  
Fax: (347) 738-6995

**Client must be:**

- From Native American Tribe or Alaska Native people, and
- Must have Tribal ID/or Parents/or Grandparents Tribal ID
- Consent to release to obtain tribal ID from Tribal Enrollment

**This is the following information we need to enroll in our program**

**CLIENT INFORMATION**

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

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

DOB: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact# \_\_\_\_\_ Alt#: \_\_\_\_\_

Tribe: \_\_\_\_\_

Tribe Enrollment # \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Are you a Veteran: **Y** or **N** (please Circle) Branch: \_\_\_\_\_

*By signing this form, you are enrolling in the New York Indian Council Urban Indian Programs and you will be contacted by one of our staff members to process your enrollment.*

\_\_\_\_\_  
**NAME OF CLIENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
**SIGNATURE**