



Alaska Native Sisterhood  
Membership Application

ANS Camp # \_\_\_\_\_

Community \_\_\_\_\_

Type of Application: (circle one) New Reinstatement Junior Honorary Lifetime

Membership Transfer Associate

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Amount of Dues Received \$ \_\_\_\_\_ OR Transfer from Camp #: \_\_\_\_\_

Date Membership Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Treasurer and/or Financial Secretary