



*Passamaquoddy Tribal Government*

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<b>OFFICE USE ONLY</b>	
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Date: _____	

**APPLICATION REQUEST**

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**TO: PLEASANT POINT CENSUS DEPARTMENT:**

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Please provide me with the following required applications for Membership into the Passamaquoddy Tribe.

Please put the number of applications that you are requesting:

\_\_\_\_\_ **NEW BIRTH APPLICATION**

\_\_\_\_\_ **MINOR APPLICATION**

\_\_\_\_\_ **ADULT APPLICATION**

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Applicant(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_