



Client Registration Form

First Name _____ Client ID _____

Middle Name _____

Last Name _____

Date of Birth _____ (MM/DD/YYYY/)

Street Address _____

City/Town _____

State _____

Phone _____ Area Code/Number

Gender Female Male

Race 1=American Indian or Alaskan Native (Check only one)
2=White
3=Black/African American
4= Hispanic
5=Asian
6=Native Hawaiian/Pacific Islander

Tribe 1=Keweenaw Bay 8= Little River Band
2=Saginaw Chippewa 9= Hannahville
3=Lac Vieux Desert 10= Pokagon Band
4=Sault St. Marie 11=Huron Band of Potawatomi
5=Bay Mills 12=Match-E-Be-Nash-She-Wish
6=Little Traverse Band 13=Other Tribe
7=Grand Traverse Band 14= Descendent of a tribal member
15= Not Native American

Client's Individual Tribal Enrollment Number _____

The client is not an American Indian but is a family member of a tribal member: ____

The client is not an American Indian but is a tribal community member: ____