For Official Use On	ly:	
Member ID No		_
Tribal Rep:	Date Rec'vd:	
Date Mailed ID:		



ATTACH PHOTO HERE OR	[
EMAIL DIGITAL COPY TO:	
maatribalnation.org@pm.me	
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SFAL

## MA'AT AMERICAN ABORIGINE TRIBAL NATION MEMBERSHIP APPLICATION

## **CURRENT INFORMATION & PHYSICAL ATTRIBUTES:**

Birth First Name/Appellation:	Middle:	Last	
Tribal Appellation :	Current Tribal Me	embership:	
I would like to order ID card(s) displaying my: (select	one) 🗌 Birth Name	☐ Tribal Name	☐ Both (2 cards)
Please include on ID card(s) my physical attributes: H	leight Weight	Hair Color	Eye Color
Please include on ID card(s) my other business or affil	iation:		
Nativity Date: (Month/Day/Year)	Member who	recommended you:	
Domicile (Optional): Street			
CityState	e/Territory		Zip []
Mailing Location (if different): Street			
CityState	e/Territory		Zip []
Phone:	Email:		
Names and ages of household heirs (under age 18), if	included with membersh	ip:	
BIO/RESUME: Please send via email a brief bio or res	ume, along with viable re	sources you have to contri	bute/offer.
BASIC NEEDS: Please tell us if you have any basic nee	ed/emergency of which w	e should be aware and can	perhaps help:
TRIBAL IDENTITY SELF-ATTESTATION: This section mu	ust either be notarized or	bear autograph/signature	of two witnesses.
I,do hereby Aborigine and Indigenous people of the Americas (No American", "Negro", "Colored", "Mulatto", "Puerto Ri Networking Treaty and the MAAT Constitution, and I	rth, South, Central) whos ican", "Indian", etc. I also	e ancestors were misnomer attest that I have read the	red as "Black", "African- e Ma'at Universal Family
Autograph/Signature:		Date	d:
Notary or Witness1 (print name & sign):		Dated	:
Witness2 (print name & sign):		Dated	l:
Notary Commission Expires:	Seal		