



Application for:

## Tribal Membership

Choctaw Nation of Oklahoma  
P.O. Box 1210, Durant, OK 74702  
Phone: (580) 924-8280 or (800) 522-6170 ext. 4030  
Fax: (580) 920-7001

Email: [cdib-membership@choctawnation.com](mailto:cdib-membership@choctawnation.com)

**Please complete one for ALL applicants. If under 16 years of age, a parent or guardian will need to sign. If 16 years of age and older, the applicant will need to sign for himself/herself. When a member reaches the age of 18 years, he/she will be considered eligible to register to vote with the Voter Registration Department.**

\_\_\_\_\_  
First Name (please print)      Middle      Last      Maiden (cards always issued in maiden name)

\_\_\_\_\_  
Physical Address      Mailing Address, if different      City

\_\_\_\_\_  
State      ZIP Code      County      Phone Number

\_\_\_\_\_  
Birthday      Sex      Social Security Number (must be provided)

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

**I certify that the information given in this application is true. I am eligible to be a member of the Choctaw Nation as defined in the Constitution of the Choctaw Nation of Oklahoma. I understand that false or erroneous information can cause loss of membership. I am not a member of another tribe, nor am I registered to vote with another tribe.**

**Check box if you need a NEW Photo ID card.** If you would like an updated Photo ID or do not have a photo on file already, please attach a wallet-sized head shot (similar to a passport photo, not a reproduction from a copy machine).

**Check box if this is an address change only.** If you just want to update your address and do not need a new Tribal Membership card or photo ID.

\_\_\_\_\_  
**Signature** (indicate relationship, if other than applicant)

\_\_\_\_\_  
**Date**

FOR DEPT. USE ONLY    Approved: Yes No    Date approved: \_\_\_\_\_    Approved by: \_\_\_\_\_

revised 2-5-2016