



**COW CREEK BAND OF UMPQUA TRIBE OF INDIANS  
2371 NE STEPHENS, SUITE 100  
ROSEBURG, OR 97470**

Dear Members of the Board of Directors:

I, \_\_\_\_\_, do hereby request that my name be entered on the Supplemental Roll of the Cow Creek Band of Umpqua Tribe of Indians. I have enclosed the completed application for enrollment along with a certified birth certificate.

Tribal affiliation is through the \_\_\_\_\_ Family.

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

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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Please mail your request and enrollment application to attention Vanessa Pence, Tribal Enrollment Officer to the address above. If you have any questions please contact me at 541-677-5528 or email [vpence@cowcreek.com](mailto:vpence@cowcreek.com).

**FOR OFFICIAL USE ONLY - NO NOT WRITE IN THIS SPACE**

Application Received: \_\_\_\_\_

Enrollment Officer Initials \_\_\_\_\_

☐ Receipt Acknowledgment Sent: \_\_\_\_\_

Is Application Complete? ☐ Yes ☐ No

☐ Enrollment Officer's Recommendation Prepared for Board

Does Applicant meet requirements of Cow Creek  
enrollment Code? ☐ Yes ☐ No

**APPLICATION FOR ENROLLMENT  
WITH THE  
COW CREEK BAND OF UMPQUA TRIBE OF INDIANS**

Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Telephone Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Applicant's Father: \_\_\_\_\_

Applicant's Mother: \_\_\_\_\_

Name of Father's Tribe:  
\_\_\_\_\_

Name of Mother's Tribe:  
\_\_\_\_\_

Is either of your parents enrolled in another tribe? ☐ Yes ☐ No.

If yes, which parent and with what tribe? Parent: ☐ Father ☐ Mother. Name of tribe:  
\_\_\_\_\_

Is applicant an adopted child? ☐ Yes ☐ No. Is applicant enrolled with another tribe? ☐ Yes ☐ No.

Is applicant a direct lineal descendant of a member of the Cow Creek Tribe? ☐ Yes ☐ No.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant or Sponsor)

If this application is being filed on behalf of another person, PLEASE FILL OUT BELOW:

Name of Person Filing Application: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Relationship to Applicant: \_\_\_\_\_