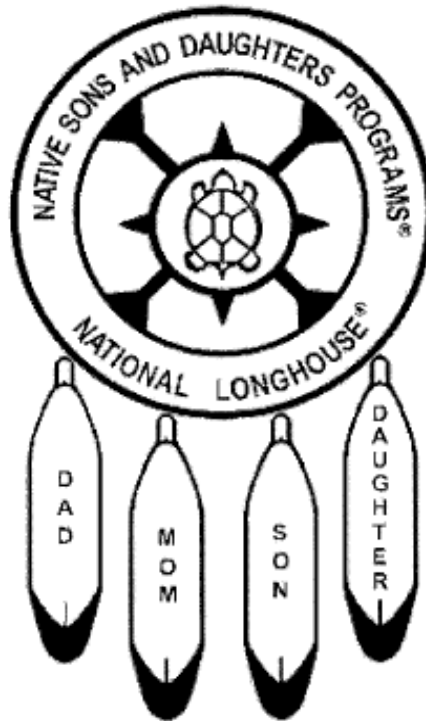


NATIONAL LONGHOUSE, LTD./  
Alabama Longhouse Inc.

NATIVE  
SONS AND DAUGHTERS  
PROGRAMS<sup>®</sup>

2006-2007  
REGISTRATION  
PACKET





## MEMBERSHIP APPLICATION INSTRUCTIONS

1. **Enter Child Information.** List each child enrolling in the program. If enrolling more than four, use the back of the application to list your additional children. Assign each extra child with a number: (Child #5, Child # 6, etc.)
  - A.) Enter each child's First Name, Last Name, Date of Birth, Grade, and Gender.
  - B.) Enter each child's School, and the School's City.
  - C.) Enter each child's Tribe, & Nation (if known).
2. **Enter Parent Information.** The enrolling parent should complete information for Parent #1. Only complete Parent #2 if your spouse is enrolling as well.
  - A.) Enter name, date of birth, and gender.
  - B.) Indicate which children will be in a tribe/program with Parent #1, (and if applicable, which children will be with Parent #2) by checking the appropriate boxes for Child #1 thru Child #4.  
*[Example. . . Dad and Mom are enrolling with four children. Dad (Parent #1) is participating with Child #1, 2, & 4. He checks Child boxes 1, 2, & 4. Mom (Parent #2) is participating with Child #3. She checks "Child #3" box.]*  
If you have listed additional children, check the "EXTRA CHILD " box and enter the appropriate "child number" (EXTRA CHILD # 5, 6, 7, 8 etc.)
  - C.) Designate if Parent #1 (and if applicable, Parent #2) are the parent or legal guardian of those children he/she has indicated to be participating with, by checking "Yes" or "No." If "No," attach a Parental Consent Form completed by the child's parent or legal guardian.
3. **Enter Address, Phone Number, & E-mail Address.** Check the box in the far right if you would like to receive our program's E-mail Newsletter.
4. **Check Program Selection.** Indicate which programs your family is enrolling in by checking the appropriate boxes. Also check the "Officer/Program Volunteer" Box if either parent will be serving as a volunteer. (Designate which parent this check box applies to by checking either Parent #1, Parent #2, or Both Parents). Every volunteer **MUST** attach a completed Officer/Volunteer Disclosure Statement.
5. **Sign and Date the Form.**
6. **Attach Any Additional Documents.** Affix with staple (BEHIND your Membership Application) any Parental Consent Forms or Officer/Volunteer Disclosure Statements that are required.
7. **Attach Check.** Please affix your membership fee payment to the top left corner of the application.

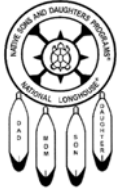
ANNUAL MEMBERSHIP FEE: **\$60.00** per family.

MAKE CHECK PAYABLE TO: *Alabama Longhouse, Inc.*

\*NOTE: A family is defined as the immediate family members consisting of the mother, father, and their children who all reside at the same address. If Parent #1 and Parent #2 are divorced or separated and reside at two different addresses, they must apply for membership separately, as two different families and pay two separate membership fees.

8. **Submit Form To:**

**Alabama Regional Advisory Lodge**  
**6275 University Drive**  
**Suite 37, #403**  
**Huntsville, Alabama 35806**  
[Chief@alabamalonghouse.org](mailto:Chief@alabamalonghouse.org)  
[www.alabamalonghouse.org](http://www.alabamalonghouse.org)



National Longhouse, Ltd./  
Alabama Longhouse, Inc.

MEMBERSHIP APPLICATION  
For Membership Year: 2006 thru 2007

(USE BACK OF APPLICATION FOR ADDITIONAL CHILDREN)

CHILD #1	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation:			
CHILD #2	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation:			
CHILD #3	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation:			
CHILD #4	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation:			

PARENT #1:	First Name:	Middle Initial:	Last Name:	Birth (mm/dd/yy) / /	Sex (M/F)
Which child listed above will you be in a program/tribe with? (Check all that apply)				Are you the parent or legal guardian of these children?	
<input type="checkbox"/> CHILD #1 <input type="checkbox"/> CHILD #2 <input type="checkbox"/> CHILD #3 <input type="checkbox"/> CHILD #4 <input type="checkbox"/> (from back) EXTRA CHILD #				<input type="checkbox"/> YES <input type="checkbox"/> NO   (If no, attach Parental Consent Form)	

PARENT #2: (If Enrolling)	First Name:	Middle Initial:	Last Name:	Birth (mm/dd/yy) / /	Sex (M/F)
Which child listed above will you be in a program/tribe with? (Check all that apply)				Are you the parent or legal guardian of these children?	
<input type="checkbox"/> CHILD #1 <input type="checkbox"/> CHILD #2 <input type="checkbox"/> CHILD #3 <input type="checkbox"/> CHILD #4 <input type="checkbox"/> (from back) EXTRA CHILD #				<input type="checkbox"/> YES <input type="checkbox"/> NO   (If no, attach Parental Consent Form)	

ADDRESS:	Street:	City:			
	State:	Zip Code:	PHONE:	(   )	
E-MAIL:	<input type="checkbox"/> CHECK IF YOU WANT OUR EMAIL NEWSLETTER				

PROGRAMS	My/Our enrollment is for the following NATIONAL LONGHOUSE® programs membership: (Check all that apply):				
	<input type="checkbox"/> NATIVE DAD & SONS®	<input type="checkbox"/> NATIVE DAD & DAUGHTERS <sup>SM</sup>	<input type="checkbox"/> NS & D PATHFINDERS <sup>SM</sup>		
	<input type="checkbox"/> NATIVE MOMS & SONS®	<input type="checkbox"/> NATIVE MOMS and DAUGHTERS®			
<input type="checkbox"/> OFFICER/PROGRAM VOLUNTEER:					
(Who's the Officer/Program Volunteer?   ρ Parent #1   ρ Parent #2   ρ Both Parents) Attach Officer/Volunteer Disclosure Statement(s)					

This is an application for membership in the NATIONAL LONGHOUSE® programs. I understand and agree as a member in the program: (1) to abide by all of the rules and regulations of the program, and, (2) that I have completed and attached any additional forms required of me as a participant if I am not the Parent or Legal Guardian of the child, or if I am participating as an Officer or Program Volunteer.

National Longhouse, Ltd. does represent that the information gathered in this application is solely for the use of National Longhouse, Ltd. and its affiliates. National Longhouse, Ltd. does not sell or distribute this information to any third party.

SIGNATURE	PARENT #1: _____	Date	____/____/____
	PARENT #2 (if enrolling): _____	Date	____/____/____

NATIONAL LONGHOUSE®  
**RULES and REGULATIONS**

*(“inâkonigewun” Ojibway: Regulation)*

In keeping with the program’s ideology and to ensure that everyone’s safety and welfare are always paramount, certain rules and regulations that have been adopted must be abided. Violations of these rules are grounds from removal from the program, including the loss of a subsidiary’s charter. The following actions are specifically prohibited:

Prohibited

1. Participation in all programs and events by a child without his or her parent, legal guardian, or other designated adult as registered on the membership application.
2. Failure to promptly pay all dues.
3. The possession and /or consumption of alcohol or illegal drugs on or off the event or camp premises, while the event or camp is being attended.
4. Falsification or misrepresentation of any information on a membership application or disclosure policy.
5. Use or possession of weapons or firearms, except when it is used:
  - a. Consistent with all local, state and federal laws; AND,
  - b. As part of a program event sponsored by appropriate organization with adequate insurance coverage; OR
  - c. Is necessary for the safety and protection of the organization due to the location of the program or event.
6. Allowing judicially declared pedophiles in any program that would permit contact with a child.
7. Allowing the dissemination of any material that is sexually explicit or pornographic in nature.
8. Intentional and improper defection of Native American organizations, Religious organizations, or other people’s racial or cultural values.
9. Allowing or condoning any other activity that would be inconsistent with the spirit of the program.

# ADDITIONAL FORMS

## **1. OFFICER/VOLUNTEER DISCLOSURE STATEMENT**

Complete ONLY if you will be serving the program as an officer or volunteer (Longhouse officer, nation officer, tribe chief, etc.)

## **2. PARENTAL CONSENT FORM**

Complete ONLY if the child will be participating with an adult who is not the child's parent or legal guardian.



NATIONAL LONGHOUSE, LTD.

# ANNUAL OFFICER/VOLUNTEER DISCLOSURE STATEMENT

Processed By _____
Date: ___/___/___ <input type="checkbox"/> Extra page attached
Background check performed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> Person Notified
Reason Ineligible: _____
NLL OFFICE USE ONLY <span style="float: right;">Form: AOD-04-03-06</span>

For Membership Year: \_\_\_\_\_ thru \_\_\_\_\_

National Longhouse, Ltd. does represent that the information gathered in this declaration is solely for the use of National Longhouse, Ltd. and its affiliates for conducting criminal background checks in determining a person's eligibility to serve as an officer or volunteer. National Longhouse, Ltd. does not sell or distribute this information to any third party.

Print Last Name:	Print Legal First Name:	Middle Initial:
Print Legal Address: (street)		
(city)	(state)	(zip)
Social Security Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Date of Birth: (mm/dd/yy)
I will be serving as an officer/volunteer to the following: (check all that apply)		
<input type="checkbox"/> <b>National Board of Elders:</b> (print title) _____ I wish to remain or be declared: <input type="checkbox"/> an Active Elder <input type="checkbox"/> an Inactive Elder <input type="checkbox"/> Permanently Resigned		
<input type="checkbox"/> <b>National Council of Officers:</b> (print title) _____		
<input type="checkbox"/> <b>Regional Advisory Lodge:</b> (print title & lodge name) _____ Alabama Regional Advisory Lodge		
<input type="checkbox"/> <b>Local Longhouse:</b> (print title & Longhouse name) _____		
<input type="checkbox"/> <b>Other:</b> (Serving in what capacity?) _____		

I understand that it is the policy of this organization to conduct random criminal background checks in order to protect the integrity of the NATIONAL LONGHOUSE® programs and the safety of its participants. I do hereby consent to a criminal background check being conducted, consent to the use of my Social Security Number for this purpose, and permit the use of this information in evaluating my role within this organization. I do further represent that I have not been convicted of a crime involving a child, theft, fraud, or deception, and that I have not been charged with a crime involving moral impropriety or sexual exploitation of a minor where such charges have not been dismissed.

Officer's signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

