



Chugach Descendant Registration Form & Application

Chugach Alaska Corporation & Chugach Heritage Foundation are collecting this information to improve communications with descendants who may become CAC Shareholders and/or be eligible for scholarships and other important benefits.

DESCENDANT INFORMATION - PART 1

Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Enrollment #:	<i>If born after Dec. 17, 1971 - please use descendant's Birth Date, i.e. 12-18-1971)</i>

Address Line 1:	
Address Line 2:	
City:	
State/Province:	
Postal Code:	
Phone:	
Alternate Phone:	
Email Address:	

Custodian Name & Address (if younger than 18 years old):

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ORIGINAL SHAREHOLDER INFORMATION - PART 2

Please identify one original shareholder from whom the applicant is descended.

Name:	_____
Middle Name:	_____
Last Name:	_____

Date of Birth: _____

Email Address: _____

(Registration
Receipt is sent
here)

Enrollment #: _____

Relationship to

Applicant: _____

PRIVACY PROMISE: *This information is confidential and will only be used for CAC & CHF purposes. It will not be sold, distributed or used for any other purpose. Descendants may review, update or remove their personal information from this descendant database by contacting CAC Shareholder Services at: (907) 563-8866.*

CERTIFICATE OF INDIAN BLOOD (CIB) & BIRTH CERTIFICATE ATTACHMENT – PART 3

You must mail or fax your Certificate of Indian Blood (CIB) and Birth Certificate to complete this Descendant Registration process. All originals will be sent back.

Mail or Fax to: Chugach Alaska Corporation, Shareholder Services, 3800 Centerpoint Drive, Ste 1200, Anchorage, Alaska 99503 or Fax: (907) 261-8878.

CERTIFICATION AGREEMENT & SIGNATURE – PART 4

1. The company and other persons or employers are released from all liability brought forth by any investigation resulting from my submission of this electronic application and the data contained here in.
2. The information in this application is true and complete to the best of my knowledge. Any falsification, misrepresentation, or omission on this application can be cause for denial or termination of being registered as a shareholder descendant.
3. In order to complete this descendant registration, I will need to mail or fax in a Certificate of Indian Blood (CIB) and a Birth Certificate for each applicant.
4. I have read and reviewed the information provided in this application and the above statements. By signing this application for registration of a shareholder descendant I certify that I understand all parts of it and have answered all questions completely and fully.
5. I understand that my Social Security Number (SSN) and my descendants SSN number will not be submitted electronically through this application for safety and identity theft prevention measures. Please do not email this information to our office.
6. I understand that by typing my name in the signature box below and submitting this application electronically, this becomes a legal and binding contract of registration.

Shareholder or Descendant Signature: _____ **Date:** _____

OFFICE USE ONLY:

Reviewed:	
Follow-Up needed:	
Approval Status:	