



Dear Shareholder:

RE: ENROLLMENT OF YOUR CHILDREN

The TIKIGAQ Corporation is proud to offer the enrollment of children of TIKIGAQ shareholders.

The terms and conditions of Class C shares, as adopted by the Board of Directors in a resolution dated March, 1996, are intended to prevent dual enrollment of Natives within TIKIGAQ and other village corporations that have enrollment programs for Natives born after 1971. This means that if parents are enrolled in two different village corporations with enrollment programs, parents must decide which village to enroll their children. A checking system is in place between TIKIGAQ Corporation and other village corporations to avoid dual enrollment.

The TIKIGAQ Corporation Board of Directors also approved the following guidelines to the enrollment program which become effective immediately:

1. Enrollment will be allowed only to those children whose parents own Class A or C stock originally issued to that parent by TIKIGAQ. This excludes children whose parents receive their shares by inheritance, gift or other permitted transfer.
2. Grandparents may enroll their grandchildren but must provide documented proof of their responsibility, such as affidavits, from a tribal government.
3. A proper State agency may complete an enrollment application for a child under State custody, where parental rights, for both parents, have been terminated. While such children will be enrolled, their shares will be held in trust until the minor is adopted, a legal guardian is appointed or they reach the age of eighteen (18) years.

PLEASE ENCLOSE THE FOLLOWING SUPPORTING DOCUMENTS WITH THE APPLICATION:

1. CERTIFIED BIRTH CERTIFICATE (copies are not accepted)
2. SOCIAL SECURITY NUMBER (copy of card)
3. COMPLETED CUSTODIAL FORM, IF APPLICANT IS A MINOR
4. FAMILY TREE (demonstration of blood quantum required)
5. COPY OF BIA OR ASRC CARD SHOWING BLOOD QUANTUM.

THE ENROLLMENT APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIREMENTS AND DOCUMENTATION ARE COMPLETE.

As soon as all requirements are met, the application will be processed and a duplicate stock certificate will be mailed to you.

If you have any questions regarding the enrollment program, please call us at (907) 368-2235 or 2236.

Sincerely,

TIKIGAQ CORPORATION

Herbert Kinneeveauk, Jr., President

**TIKIGAQ CORPORATION
APPLICATION FOR ENROLLMENT
CLASS "C" Stock Application**

To be used for persons born after Dec. 18, 1971

**IF APPLICANT IS UNDER AGE 18, A PARENT OR GUARDIAN
MUST COMPLETE THE APPLICATION**

Applicant's Last Name First Name Middle Name

Applicant's Mailing Address City State Zip

Applicant's Phone Numbers: Work: (____) ____-____ Home: (____) ____-

Email Address: _____

Male / Female Birth Date: _____ Social Security No: _____

Applicant's Maiden Name (if applicable): _____

Please provide proof of name change (i.e. marriage certificate/divorce decree with name change)

Name of Parents/Guardians: _____

Mother's maiden name, if different from above: _____

Degree of Alaska Native Blood of Mother: _____ Father: _____ Applicant: _____

Is the APPLICANT enrolled in another **village** corporation? Yes / No

If so, which village corporation? _____

If so, how did the APPLICANT obtain their stock? (check one) Original Enrollee/ Inherited/ Gift

Proof of U.S. citizenship provided with Enrollment Application:

(check one) Birth Certificate / Passport / Other

Was the APPLICANT adopted? (check one) Yes / No

If yes, the adoption was through the: (check one) Court / Tribe (**Please provide copies of the adoption records, i.e. Adoption Decree or Tribal Resolution AND complete both the biological and adoptive family tree forms**).

I certify that **I am not** enrolled as a shareholder in any other village corporation and, provided the requirements set forth by the Corporation are met, am free to apply for Class C stock in Tikigaq Corporation. I further certify that the information given in this application is true and complete to the best of my knowledge and belief. I understand that any false or misleading statement made in this application may be grounds for Tikigaq Corporation to deny this application.

Signature of Adult Applicant

Date

I certify that **the Applicant is not** enrolled as a shareholder in any other village corporation and, provided the requirements set forth by the Corporation are met, is free to apply for Class C stock in Tikigaq Corporation. I further certify that the information given in this application is true and complete to the best of my knowledge and belief. I understand that any false or misleading statement made in this application may be grounds for Tikigaq Corporation to deny this application.

**Signature of Parent/Guardian
(if applicant is minor)**

Date

**BIOLOGICAL
FAMILY TREE**

Biological Grandmother

Maiden Name: _____
Alaska Native: Y / N
Degree of Native Blood: ____
Original Shareholder: Y / N

Biological Grandfather

Alaska Native: Y / N
Degree of Native Blood: ____
Original Shareholder: Y / N

Biological Grandmother

Maiden Name: _____
Alaska Native: Y / N
Degree of Native Blood: ____
Original Shareholder: Y / N

Biological Grandfather

Alaska Native: Y / N
Degree of Native Blood: ____
Original Shareholder: Y / N

Biological Mother

Maiden Name: _____
Alaska Native: Y / N
Degree of Native Blood: ____
Original Shareholder: Y / N

Biological Father

Alaska Native: Y / N
Degree of Native Blood: ____
Original Shareholder: Y / N

Applicant

Maiden Name: _____
Alaska Native: Yes ____ No ____
Degree of Native Blood: ____

**ADOPTIVE
FAMILY TREE**

<p>Adoptive Grandmother</p> <p>_____</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p> <p>Original Shareholder: Y / N</p>	<p>Adoptive Grandfather</p> <p>_____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p> <p>Original Shareholder: Y / N</p>	<p>Adoptive Grandmother</p> <p>_____</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p> <p>Original Shareholder: Y / N</p>	<p>Adoptive Grandfather</p> <p>_____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p> <p>Original Shareholder: Y / N</p>
<p>Adoptive Mother</p> <p>_____</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p> <p>Original Shareholder: Y / N</p>		<p>Adoptive Father</p> <p>_____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p> <p>Original Shareholder: Y / N</p>	
<p>Applicant</p> <p>_____</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y / N</p> <p>Degree of Native Blood: ____</p>			

**CUSTODIAN'S CONSENT TO APPOINTMENT
(ONLY IF APPLICANT IS A MINOR)**

I, _____, * (the parent/guardian) do hereby state that I am over the age of 18 years and I am the:

- _____ Legal Guardian
- _____ Father (including adopted)
- _____ Mother (including adopted)
- _____ Step Father
- _____ Step Mother
- _____ Grandfather (including adopted)
- _____ Grandmother (including adopted)
- _____ Brother (including half blood and adopted)
- _____ Sister (including half blood and adopted)
- _____ Uncle (including adopted)
- _____ Aunt (including adopted)
- _____ Spouse

of the following minor under the Alaska Native Claims Settlement Act:

Minor's Name	Minor's Social Security No.	Minor's Birth Date
Custodian's Social Security No.	Custodian's Birth Date	
Custodian's Signature	Date	
Mailing Address	City, State, Zip Code	

* I agree to be bound by Alaska Statute 13.46.085 and Alaska Statute 13.46.110. A copy of Alaska Statute 13.46.110 is on the reverse side of this form.

Mail to:
Tikigaq Corporation
PO Box 9
Point Hope, AK 99766
(907) 368-2235