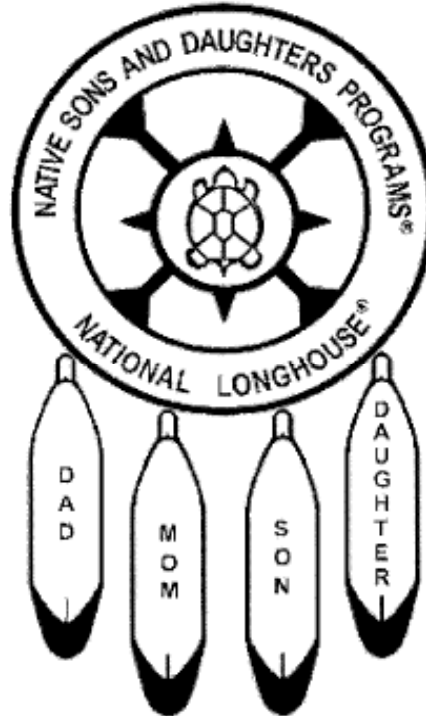


Western Pennsylvania Longhouse

**NATIVE
SONS AND DAUGHTERS
PROGRAMS[®]**

**ANNUAL
REGISTRATION
PACKET**



1. **Enter Membership Year.** (*Same as program year, not calendar year.*)
2. **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 per family***

MAKE CHECK PAYABLE TO: **Western Pennsylvania Longhouse**

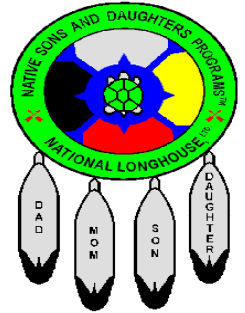
*NOTE: A family is defined as the immediate family members consisting of the mother, father, and their children who all reside at the same address. If Parent #1 and Parent #2 are divorced or separated and reside at two different addresses, they must apply for membership separately, as two different families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

8. **Submit Form To: Western Pennsylvania Longhouse**
PO. Box 295
Murrysville, PA 15668



Western Pennsylvania Longhouse Native Sons and Daughters Programs

Membership Application For Membership Year: 2008 - 2009



Please check: New Member Returning Member Returning With A New Family Member

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:
E-MAIL:	State:	Zip Code:
	PHONE: ()	<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 SM <input type="checkbox"/> NATIVE MOMS & SONS® <input type="checkbox"/> NATIVE MOMS and DAUGHTERS® <input type="checkbox"/> NS & D PATHFINDERS SM <input type="checkbox"/> OFFICER/PROGRAM VOLUNTEER: (Who's the Officer/Program Volunteer? <input type="checkbox"/> Parent #1 <input type="checkbox"/> Parent #2 <input type="checkbox"/> Both Parents) Attach Officer/Volunteer Disclosure Statement(s)
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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: ____/____/____