



**Three Affiliated Tribes
P.O. Box 100
New Town, ND 58763
Tribal I.D. Card Application**

*******Mail Order Fee: \$15.00 Money Order*******

Full Legal Name *(PLEASE PRINT)*: _____

Date of Birth: _____

Social Security Number: _____ Do you want your SSN on your ID?: Y or N _____

Mailing Address: _____
(P.O. Box, City, State, Zip)

Physical Address: _____
(House #, Street Name, City, State, Zip)

Gender: _____ Primary Telephone #: _____

Eye Color: _____

Hair Color: _____ DATE: _____

Height: _____

Weight: _____

<p>*SIGNATURE* (Please sign your name within the box borders.) *SIGNATURE*</p>	
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NOTE: If you have not taken a **new picture** at the Enrollment Office in the past 12 months. Please submit a passport or high quality photograph with no hat/sunglasses against a **SOLID BLUE BACKGROUND**.