

## North Carolina Commission of Indian Affairs American Indian Resource Directory Form

Please Note: If under 18 years of age, a parent or guardian must complete and sign this form.

Address (Street number and			First	t Name		Middle Name
Address (Street number and						
	l name)				City	
State	Zip	Code	Home Phone (include area code)		Cell Phone/Pager	
Email Address						
Date of Birth  Month - Day - Year	Age	Gender  Female  Male	Year of Experience	ETHNIC GROUP  American Indian White TRIBAL AFFILIATION List tribal affiliation  TRIBAL ENROLLMENT NUMBE	N.C. State-Recognize	ck Hispanic Asian
List events in which you h photograph of you in your				f any literature or articles that inc	luded your p	erformance and a
Vou must provide a minim	num of three (3)	references (includ	ing their name ad	ldress telephone number email o	ddross oto)	
You must provide a minin	num of three (3)	references (includ		ldress, telephone number, email ac	ddress, etc.)	
	num of three (3)	•	e			
Name	num of three (3)	Name	e	Name		
Name	num of three (3)	Name	eess	Name		
Name Address	num of three (3)	Name Addre	e e	Name Addres		
Name Address  Phone Email  I hereby authorize the N	North Carolina Co ed in the America Affairs.	Phone Email  ommission of Indiar an Indian Resource I	e ess  e  n Affairs to publish Directory, but woul	Name Addres Phone	dian Resource	•