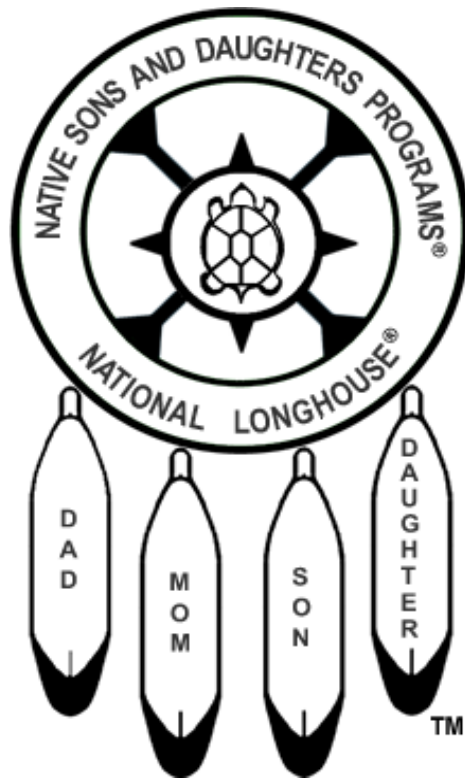
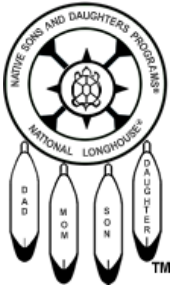


NATIONAL LONGHOUSE, LTD.

NATIVE
SONS AND DAUGHTERS
PROGRAMS[®]

ANNUAL
REGISTRATION
PACKET





ANNUAL MEMBERSHIP APPLICATION INSTRUCTIONS

1. **Enter Membership Year.** (*Same as program /school year, not calendar year.*)
 2. **Enter Child Information.** List each child to be enrolled in the program. If enrolling more than four children, complete and attach the "Additional Child Form" as well.
 - 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).
 3. **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(REN)" box and enter the appropriate "child number(s)." [e.g. EXTRA CHILD(REN) # 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.
 4. **Enter Address, Phone Number, & E-mail Address.**
 5. **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.
 6. **Sign and Date the Form.**
 7. **Attach Any Additional Documents.** Affix with staple (BEHIND your Membership Application) your Additional Child Form, Parental Consent Form, or Officer/Volunteer Disclosure Statement if required.
 8. **Attach Check.** Please affix your membership fee payment to the top left corner of the application.
ANNUAL MEMBERSHIP FEE (*please consult your leader*) \$:_____ per family*.
MAKE CHECK PAYABLE TO: (*please consult your leader*)
- *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.
9. **Submit Form To:** (*please consult your leader*)



(ATTACH "ADDITIONAL CHILD FORM" IF ENROLLING FIVE OR MORE CHILDREN)

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?: <i>(Check all that apply)</i>			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"/> EXTRA CHILD(REN)# _____			<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?: <i>(Check all that apply)</i>			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"/> EXTRA CHILD(REN)# _____			<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, attach Parental Consent Form)		

ADDRESS:	Street:	City:
	State:	Zip Code:

E-MAIL:	
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PROGRAMS	My / Our enrollment is for the following NATIONAL LONGHOUSE® programs membership: <i>(Check all that apply):</i>
	<input type="checkbox"/> NATIVE DADS & SONS® <input type="checkbox"/> NATIVE DADS & DAUGHTERS SM <input type="checkbox"/> NS & D PATHFINDERS SM <input type="checkbox"/> NATIVE MOMS & SONS® <input type="checkbox"/> NATIVE MOMS and DAUGHTERS® <input type="checkbox"/> OFFICER/PROGRAM VOLUNTEER: <i>(Who's the Officer/Volunteer?: <input type="checkbox"/> Parent #1 <input type="checkbox"/> Parent #2 <input type="checkbox"/> Both Parents) Attach Officer/Volunteer Disclosure Statement(s)</i>

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 ____/____/____

Release and Waiver of Liability Agreement

I ("Parent participant") as named on this membership form, acknowledge that I and my son(s)/daughter(s) as named on this membership form have voluntarily applied to participate in the following activities as part of the National Longhouse, Ltd. dba (doing business as) Native Sons & Daughters Programs® and the _____ Local Longhouse (hereinafter collectively referred to as the "Program"):
(name of your local longhouse)

I understand that my participation in the Program may involve myself and my child(ren) in activities such as but not limited to: Camping events, campfires, archery, horseback riding, canoeing & boating, crafts, model car derby races, parades, riflery, community service, meetings at members houses or other locations, swimming, sports of all types, games, field games, hayrides, sled riding, fishing, dances, holiday or theme parties, rock or wall climbing, museums, etc..

I AM AWARE THAT THESE ACTIVITIES ARE POTENTIALLY HAZARDOUS ACTIVITIES AND THAT I AND/OR MY CHILD(REN) COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AND MY CHILD(REN) ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement for myself and my child(ren) by placing my initials here: _____

As consideration for being permitted by the Program, to participate in these activities, I forever release the Program, any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I and/or my child(ren), our assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my and my child(ren)'s participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I or my child(ren) are then participating in the activities. I also agree on behalf of myself and my child(ren) that I and/or my child(ren), our assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE PROGRAM AND SIGN IT OF MY OWN FREE WILL.

I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

PARTICIPANT/RELEASOR PARENT OR GUARDIAN MUST SIGN AND DATE:

Signature

_____/_____/20_____
Date

NATIONAL LONGHOUSE[®]
RULES and REGULATIONS

(“inâkonigewun” Ojibway: Regulation)

In keeping with the program’s ideology and to ensure that everyone’s safety and welfare are always paramount, certain rules and regulations that have been adopted must be abided. Violations of these rules are grounds from removal from the program, including the loss of a subsidiary’s charter. The following actions are specifically prohibited:

Prohibited

1. Participation in all programs and events by a child without his or her parent, legal guardian, or other designated adult as registered on the membership application.
2. Failure to promptly pay all dues.
3. The possession and /or consumption of alcohol or illegal drugs on or off the event or camp premises, while the event or camp is being attended.
4. Falsification or misrepresentation of any information on a membership application or disclosure policy.
5. Use or possession of weapons or firearms, except when it is used:
 - a. Consistent with all local, state and federal laws; AND,
 - b. As part of a program event sponsored by appropriate organization with adequate insurance coverage; OR
 - c. Is necessary for the safety and protection of the organization due to the location of the program or event.
6. Allowing judicially declared pedophiles in any program that would permit contact with a child.
7. Allowing the dissemination of any material that is sexually explicit or pornographic in nature.
8. Intentional and improper defection of Native American organizations, Religious organizations, or other people’s racial or cultural values.
9. Allowing or condoning any other activity that would be inconsistent with the spirit of the program.

ADDITIONAL FORMS

1. **ADDITIONAL CHILD FORM**

Complete ONLY if you will be enrolling more than four children.

2. **ANNUAL OFFICER/VOLUNTEER DISCLOSURE STATEMENT**

Complete ONLY if you will be serving the program at any officer or volunteer level from local tribe chief to national trustee.

3. **ANNUAL PARENTAL CONSENT FORM**

Complete ONLY if the child will be participating with an adult who is not the child's parent or legal guardian.



National Longhouse, Ltd.

Additional Child Form

For Membership Year: _____ thru _____

CHILD # 5:	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M / F)
	School: School's City:	Tribe: Nation:			
CHILD # 6:	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M / F)
	School: School's City:	Tribe: Nation:			
CHILD # 7:	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M / F)
	School: School's City:	Tribe: Nation:			
CHILD # 8:	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M / F)
	School: School's City:	Tribe: Nation:			
CHILD # 9:	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M / F)
	School: School's City:	Tribe: Nation:			
CHILD # 10:	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M / F)
	School: School's City:	Tribe: Nation:			

Para information en espanol, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your file disclosure). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, Employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to Employers. A consumer reporting agency may not give out information about you to your Employer, or a potential Employer, without your written consent given to the Employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit prescreened offers of credit and insurance you get based on information in your credit report. Unsolicited *prescreened offers for credit and insurance must include a toll free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law.

For more information, contact your state or local consumer protection agency or your state Attorney. General Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (word "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

