



**SITKA TRIBE OF ALASKA
TRIBAL COUNCIL VACANCY**

Sitka Tribe of Alaska
456 Katlian Street
Sitka, Alaska
Office - 907-747-3207
Fax - 907-747-4915

CERTIFICATION OF ELIGIBILITY – Tribal Council Member seat

I _____ hereby submit my interest for the Vacancy on the Tribal Council.

My signature below verifies my eligibility for office as follows:

- a) I am a duly enrolled citizen of Sitka Tribe of Alaska
- b) I am not enrolled in any other Tribal Government
- c) I am at least 30 (thirty) years of age
- d) I have lived in the Sitka area for the past twelve consecutive months
- e) I have not previously been removed from Tribal Council office pursuant to Tribal Ordinance or the STA Constitution

I further state that I have attached a letter of interest and a completed **STA Criminal Background Inquiry for Tribal Council Candidates**. I understand that form and the authorization provided on it will be utilized by Sitka Tribe of Alaska to obtain a criminal background check for purposes of verifying I have not been found guilty or entered a plea of no contest to any felony crime or any crime involving a sexual offense.

Signature

Date (required)

Mailing Address

Physical Address (if different from mailing)

Contact Phone Number (indicate if cell)

Email

Return this form to the STA General Manager on or before 4:30 pm on Thursday, January 14, 2021.

***** FOR GENERAL MANAGER TO COMPLETE *****

Date received _____

Time received _____

Signature

Date (required)