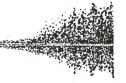


SQUAXIN ISLAND TRIBE



RESOLUTION NO. 16- ω 3 of the

SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe, its members, its lands, its enterprises and its agencies by the authority of the Constitution and Bylaws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; and

WHEREAS, under the Constitution, Bylaws and inherent sovereignty of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of the tribal members, and with protecting and managing the lands and treaty resources and rights of the Tribe; and

WHEREAS, The Tribe is a federally-recognized Indian Tribe possessing reserved powers, including the powers of self government; and

WHEREAS, the Squaxin Island Tribal Council has been entrusted with the creation of ordinances and resolutions in order to fulfill their duty of protecting the health, security, education, and general welfare of tribal members, and of protecting and managing the lands and treaty resources of the Tribe; and

WHEREAS, the Squaxin Island Tribe wishes to be a member Tribe in good standing of the National Congress of American Indians; **and**

WHEREAS, the Squaxin Island Tribe meets all the requirements for Tribal Membership, pursuant to Article 11, Section 1 (b) of the Constitution and Bylaws of the National Congress of American Indians; **and**

NOW THEREFORE BE IT RESOLVED, that the Squaxin Island Trial Council which is the governing body of the above named tribe, hereby authorizes the Tribal Council Chairman, which is the principal tribal official, to take the necessary action to place the Tribe in membership in NCAI; **and**

BE IT FURTHER RESOLVED, that Tribal funds in the amount of \$5,500.00 based on tribal membership dues scheduled in the NCAI By-laws, Article III, Section 1(b), are authorized to be paid to secure tribal membership in NCAI; **and**

BE IT FUTHER RESOLVED, that, based on tribal citenzry of <u>1079</u> persons, the Tribe shall have 110 votes, in accordance with Article IV, Section 3 of the NCAI Constitution; **and**

BE IT FINALLY RESOLVED, that pursuant to Article V, Section 2 of the NCAI Constitution the Squaxin Island Tribe designates the following named persons as Delegate and Alternate Delegate(s) and instructs them to become Individual Members in Good Standing in NCAI in order to fulfill their responsibilities as Official Delegates to the NCAI Annual Convention, Mid-Year Conference and Executive Council Meetings.

Delegate Mutney Jones	Term 1 yv	Signature Mythey Soust	
Alternate Pay Peters	Term Uyr	Signature April 1885	_
Alternate	Term	_ Signature	-

CERTIFICATION

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted via a telephone poll of the Squaxin Island Tribal Council, held on this 20 day of September, Zot6 at which time a quorum was present and was passed by a vote of 4 for and O against with O against with O abstentions.

David Lopeman, Chairman

Attested by: Charlene Krise, Secretary

Arnold Cooper, Vice Chairman



National Congress of American Indians

2016 - 2017 TRIBAL MEMBERSHIP APPLICATION

NEW MEMBERSHIP MEMBERSHIP RENEWAL			
TRIBAL DUES AMOUNT: \$ 5500 -			
TRIBE: Squaxin Island Tribe			
TITLE/TRIBAL LEADER: David Lopeman			
ADDRESS: 10 SE SQUAXIN. US			
CITY: Shelton STATE: WA ZIP: 98589			
PHONE: 360-426-9781 FAX: 360-426-6577			
CONTACT E-MAIL: MPUhn @ Squaxin. US			
GENERAL TRIBAL E-MAIL:			
WEBSITE: Squaxinisland. org			
<u>Tribal Membership provides Broadcasts and Alerts to two [2] E-Mail Addresses: [Please print clearly]</u>			
Name: Ray Peters E-mail #1: speters @ Squaxin. US			
Name: Whitney Jones E-mail #2: Wjones @ Squaxin. US			
Please configure your spam filter to allow for NCAI electronic broadcasts and alerts			
CHECK #			
Enclosed is a check or money order payable to the National Congress of American Indians			
TO PAY BY CREDIT CARD: Please call (202) 466-7767			
NCAI STAFF USE ONLY [Please do not write in this area]			
Payment Received: \$ Date: Received By:			
Credit Card Authorization Number: Check #:			