



Section 1: Personal Data

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Section 2: Shareholder Information

Are you a BBNC Shareholder, Spouse or Descendent? If Yes, please check:

\_\_\_\_\_ Shareholder \_\_\_\_\_ Spouse \_\_\_\_\_ Descendent

If you are a descendant please list their name: \_\_\_\_\_

Section 3: Educational Background

Education Level: \_\_\_\_\_

High School: \_\_\_\_\_

City/State: \_\_\_\_\_

Month/Year graduated: \_\_\_\_\_

OR GED State Issued: \_\_\_\_\_

Year: \_\_\_\_\_

Post-Secondary Attendance

Have you ever attended any prior post-secondary academic or vocational training?

- No
Yes If Yes, please list:

Table with 2 columns: Name, Dates Attended

## Section 4: Employment Status/Experience

### Employment Status

Unemployed

Employed       P/T     F/T

Employer: \_\_\_\_\_

Do you have a valid Driver's License?  Yes     No      State: \_\_\_\_\_ Exp: \_\_\_\_\_

### Veteran Status

Yes     No    Active: \_\_\_\_\_

Arm of Service: \_\_\_\_\_

Job Title: \_\_\_\_\_

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Signature

Date

E-mail or fax the completed application and all required paperwork to:

Bristol Bay Native Corporation  
Attn: Shareholder Development

Fax: 907-842-2830  
[kpeters@bbnc.net](mailto:kpeters@bbnc.net)