



Department of the Secretary of State

Bureau of Motor Vehicles

Certification of Membership  
Wabanaki Confederacy

I certify that

\_\_\_\_\_

\_\_\_\_\_

Name Printed or Typed

Date of Birth

Whose address is

\_\_\_\_\_

is a member

Address

of the following tribes: **Penobscot, Passamaquoddy, Maliseet, Micmac Tribe**

\_\_\_\_\_

\_\_\_\_\_

Signature of Tribal Official

Office held by Official

\_\_\_\_\_

\_\_\_\_\_

Printed or Typed Name of Tribal Official

Date