



Salt River
PIMA-MARICOPA INDIAN COMMUNITY

10,005 E Osborn Road / Scottsdale, Arizona 85256-9722 / Phone (480) 362-7400

Office of Membership Services

Phone: (480) 362-7618, 7614, 7620; Fax: (480) 362-7576

Application for Membership

Date: _____

Applicant's Information

Applicant: Minor. 18 Years Old (applying within 180 days). Adult (never enrolled). Adopted Child/ Person.

Applicant Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Total degree of Indian Blood: _____ Pima: _____ Maricopa: _____ Other: _____

Is the applicant eligible for membership with other Tribes? No Yes

If Yes, please name the Other Tribes: _____

Applicant's Parental Information

Biological Father's Name:

Biological Mother's Name (Include Maiden):

Tribal Affiliation: _____

Tribal Affiliation: _____

Date of Birth: _____

Date of Birth: _____

Enrollment Number: _____ Blood Degree: _____

Enrollment Number: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Other Tribal Affiliations: _____

Biological (Father's Father) Grandfather:

Biological (Mother's Father) Grandfather:

Tribal Affiliation: _____

Tribal Affiliation: _____

Date of Birth: _____

Date of Birth: _____

Enrollment Number: _____ Blood Degree: _____

Enrollment Number: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Other Tribal Affiliations: _____

Biological (Father's Mother) Grandmother:

Biological (Mother's Mother) Grandmother:

Tribal Affiliation: _____

Tribal Affiliation: _____

Date of Birth: _____

Date of Birth: _____

Enrollment Number: _____ Blood Degree: _____

Enrollment Number: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Other Tribal Affiliations: _____

The undersigned hereby certifies that the information above is true and correct to the best of his /her knowledge.

Print name of person filing this application: _____

Signature of person filing this application: _____

Relationship to applicant: _____ Date application filed: _____

APPLICANT'S AFFIDAVIT

I, affirm with this affidavit that the documents submitted verify that the applicant has never been enrolled in another federally recognized tribe; and has never relinquished membership in any other federally recognized tribe;

OR

I affirm with this affidavit that applicant is applying for enrollment within 180 days of turning eighteen (18) years of age, and applicant attests that he or she has relinquished his or her membership before filing the application. Relinquished Membership from: _____
On (date): _____ Approval date: _____ Resolution No.: _____

Print name of person filing this application: _____

Signature of person filing this application: _____

Relationship to applicant: _____ Date application filed: _____

**Selected sections of Sec.2-2. Membership as a Matter of Right (Application and Review Process section)
Membership Ordinance SRO-354-2010**

(d) Application and Review Process

- (1) *Application.* A person seeking to begin the enrollment process must submit an application for membership to the Membership Office. Application for membership within the SRPMIC shall be in a form prescribed by the Membership Office.
- (2) *Pre-Application Review.* The Membership Office shall provide each applicant with a documentation checklist for a complete enrollment application and an initial evaluation regarding the sufficiency of the applicant's documentation.
- (3) *Confirmation of Initial receipt of Application.* The Membership Office shall issue a written letter confirming receipt of a submitted application and supporting documentation.
 - a. The confirmation letter will be sent within five (5) business day of receipt of the application.
- (4) *Review of Application and Supporting Documentation.* Within **60 calendar days of the receipt of a complete enrollment application**, the Membership Office shall review the application and the submitted documentation to determine whether the application meets the membership criteria. The Membership Office shall inform the applicant that the Membership Office is processing the application and all verify all relevant information.

Sec. 2-3.1. Truthfulness in the Application Process.

(a) *Civil Fines.* Any person who knowingly submits false or inaccurate information for the purposes of obtaining enrollment with SRPMIC or aiding another person in obtaining membership with the SRPMIC may be prosecuted and liable for a civil fine up to five thousand dollars (\$5000.00)

I understand and acknowledge that if my application for membership with SRPMIC contains false information or I have wrongly withheld any relevant information or under any fraudulent acts have been misrepresented that I may be prosecuted and liable for a civil fine up to five thousand dollars (\$5,000.00).

STOP! DO NOT SIGN – MUST BE SIGNED IN FRONT OF A NOTARY

Print name of person filing this application: _____

Signature of person filing this application: _____

Relationship to applicant: _____ Date signed: _____

State of _____

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____ by _____.

Notary Public

