

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

OFFICE OF MEMBERSHIP SERVICES

MEMBERSHIP APPLICATION PACKAGE



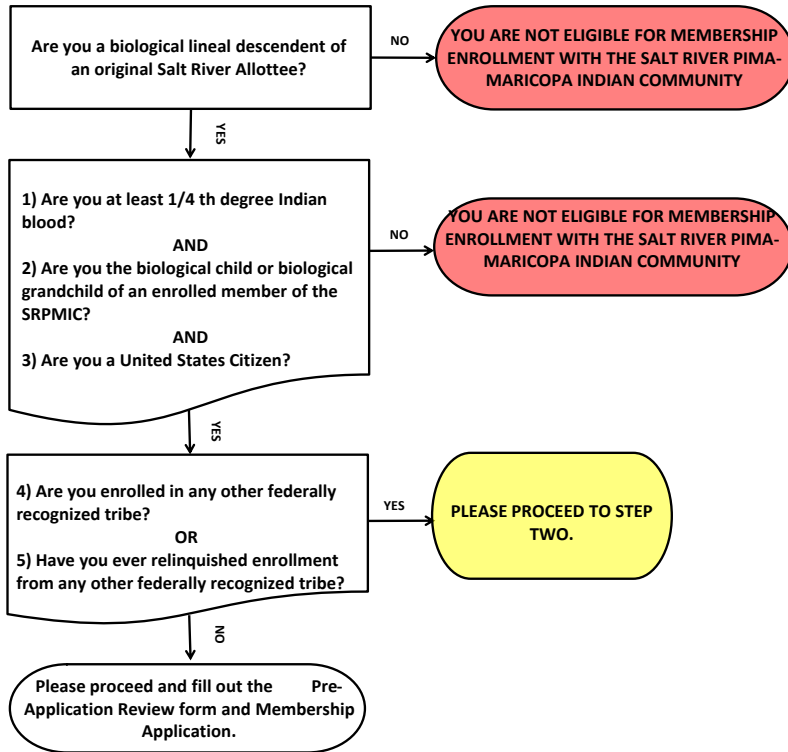
MEMBERSHIP WITHIN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY IS DIRECTED BY THE SRPMIC CONSTITUTION UNDER SECTIONS 1 AND 2 AS APPROVED ON JULY 27, 2005 BY SECRETARIAL ELECTION AND FINAL APPROVAL BY THE WESTERN REGIONAL OFFICE, BUREAU OF INDIAN AFFAIRS ON AUGUST 15, 2005.

INCOMPLETE APPLICATION'S WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.

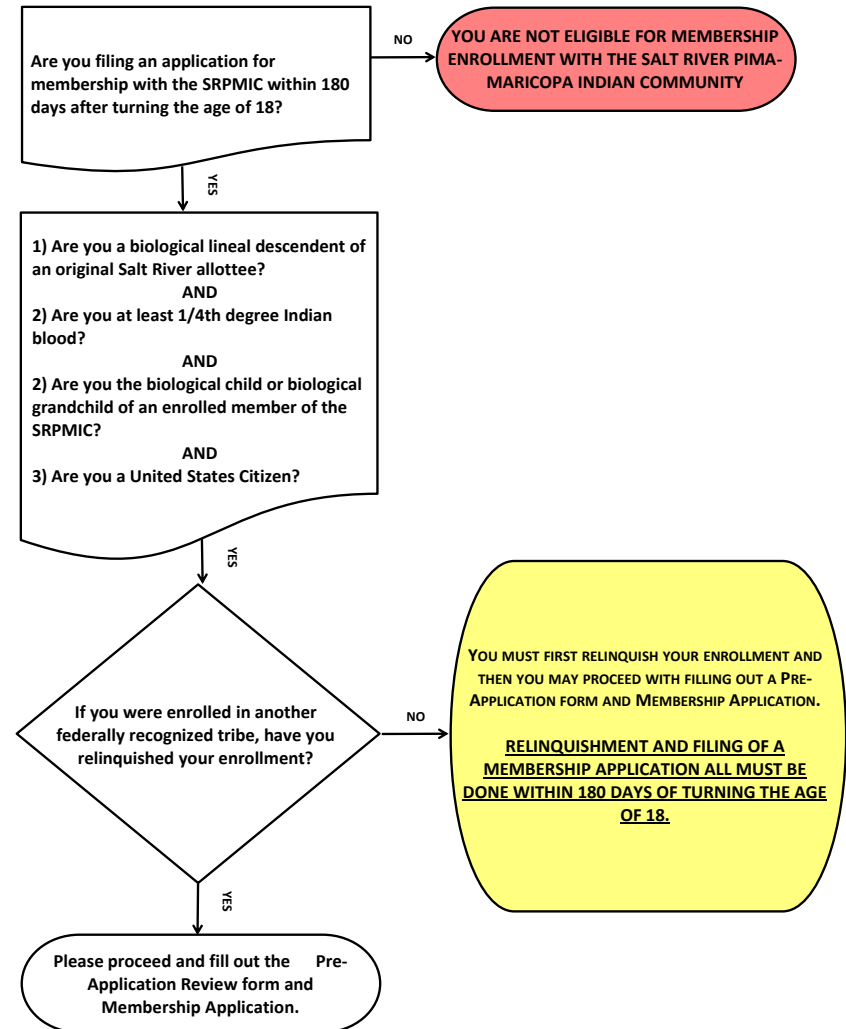
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MEMBERSHIP ELIGIBILITY

STEP ONE:



STEP TWO:





Salt River
PIMA-MARICOPA INDIAN COMMUNITY
10,005 E. Osborn Rd. / Scottsdale, Arizona 85256--9722 / Phone (480) 362-7400

Office of Membership Services
Phone: (480) 362-7600 Fax: (480) 362-7714

PRE-APPLICATION REVIEW FORM

**PLEASE READ CAREFULLY TO UNDERSTAND THE ELIGIBILITY AND PROCESS OF APPLYING FOR
MEMBERSHIP WITH THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY.**

Constitution of the Salt River Pima-Maricopa Indian Community

Article II - MEMBERSHIP

Section 1. Membership By Right. The membership of the Salt River Pima-Maricopa Indian Community shall consist of:

- a) All person of Indian blood whose names appear, or rightfully should appear, on the official allotment roll of the Salt River Pima-Maricopa Indian Community; and
- b) All person whose names validly appear on the latest duly certified membership roll of the Salt River Pima-Maricopa Indian Community; provided that the Community Council may correct such roll in accordance with applicable Community law; and
- c) Any biological lineal descendent of an original Salt River Allottee who meets all of the following:
 - (1) is at least one-fourth (1/4) degree of Indian blood; and
 - (2) is the biological child or the biological grandchild of an enrolled member of the Salt River Pima-Maricopa Indian Community; and
 - (3) is a United States citizen; and
 - (4) is not enrolled in any other federally recognized tribe; and
 - (5) has never relinquished enrollment from any other federally recognized tribe; (with exception to Article II, Section 2).

*Section 2. Membership of Minors Enrolled Elsewhere. Any person enrolled in any other federally recognized Tribe before reaching the age of eighteen (18) years is eligible for enrollment by right with the Salt River Pima-Maricopa Indian Community if such person:

- a)
 - (1) is a biological lineal descendent of an original Salt River allottee; and
 - (2) is at least one-fourth (1/4) degree of Indian blood; and
 - (3) is the biological child or the biological grandchild of an enrolled member of Salt River Pima-Maricopa Indian Community; and
 - (4) is a United States citizen; and
- b) Files an application for enrollment with the Community within one hundred and eighty (180) days after turning eighteen (18) years of age; and
- c) Relinquishes membership in any other federally recognized tribe before filing an application for enrollment with the Community.

Application:

- A person seeking to begin the membership enrollment process must submit an application for membership to the SRPMIC Membership Office.

Pre-Application Review:

- The SRPMIC Membership Office will provide each applicant with a document checklist to complete a membership application and an initial evaluation regarding the sufficiency of the applicant's documentation.

Confirmation of Application:

- The SRPMIC shall issue a written letter confirming receipt of the submitted application and supporting documentation within 5 business days of receipt of the application.

- A confirmation letter does not imply or convey any rights or benefits of the applicant in regards to membership within the SRPMIC.

Review of Application & Supporting Documentation:

- Within 60 calendar days of the receipt of a complete enrollment application, the Membership Office will review the application and supporting documentation to determine whether the applicant meets the Membership criteria.



Salt River
PIMA-MARICOPA INDIAN COMMUNITY
Community Development Department
Membership and Real Property Management
10005 E. OSBORN RD. SCOTTSDALE, ARIZONA 85256-9722
PHONE (480) 362-7600, FAX (480) 362-7714

PRE-APPLICATION REVIEW CHECKLIST

Date: _____

Applicant Name: _____ Date of Birth: _____

Minor ☐

*18 Year Old (applying within 180
days) ☐

Adult (never enrolled at SRPMIC or
any other Tribe) ☐

Parent / Guardian Name: *(for minor/protected person)*

Applicant (INITIAL)	<i>(please initial the documents submitted with the application)</i>	MRPM Staff
<input type="checkbox"/>	Membership Application (signed and notarized)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Original Certified Birth Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Amended Certified Birth Certificate (for adoption or paternity)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Certified Birth Certificate/Death Certificate for Parent of Applicant (for eligibility through Grandparent)	<input type="checkbox"/>
<input type="checkbox"/>	Social Security Card	<input type="checkbox"/>
<input type="checkbox"/>	Minor/Protected Information-Verification form	<input type="checkbox"/>
<input type="checkbox"/>	Adult Per Capita Certification form	<input type="checkbox"/>
<input type="checkbox"/>	Certification of Degree of Indian Blood (CDIB) for parent(s)	<input type="checkbox"/>
<input type="checkbox"/>	Verification of Non-Enrollment/Relinquishment/Burden of Proof (list tribes):	<input type="checkbox"/>
<input type="checkbox"/>	Tribal Paternity Order (required if father is not listed on the birth certificate)	<input type="checkbox"/>
<input type="checkbox"/>	Court Order (custody / guardianship divorce decree, name change and / or adoption)	<input type="checkbox"/>

NOTES

BY SIGNING THIS PRE-APPLICATION REVIEW, I AM CONFIRMING THAT I HAVE TAKEN THE STEPS NECESSARY TO SUBMIT A COMPLETE APPLICATION AND THAT I UNDERSTAND THE SRP-MIC MEMBERSHIP ELIGIBILITY REQUIREMENTS AND APPLICATION PROCESS.

Applicant/Guardian's Signature

Date

Membership Office Staff

Date



Salt River
PIMA-MARICOPA INDIAN COMMUNITY
10,005 E. Osborn Rd. / Scottsdale, Arizona 85256--9722 / Phone (480) 362-7400

Office of Membership Services

Phone: (480) 362-7600 Fax: (480) 362-7714

APPLICATION FOR MEMBERSHIP

INCOMPLETE APPLICATION'S WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.

Date: _____

Applicant's Information

Applicant: ☐ Minor ☐ *18 Year Old (applying within 180 days) ☐ Adult (never enrolled at SRPMIC or any other Tribe) ☐ Adopted Child/Adult

Applicant Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Other Phone Number: _____ E-mail Address: _____

Membership Eligibility through Biological:

☐ Parent(s) ☐ Grandparent(s)

Parent(s) / Guardian(s) Name(s): _____

*Relinquishing Membership from: _____

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 Tribe(s): _____

Applicant's Parental Information

Biological Father's Name: _____

Tribal Affiliation: _____

Date of Birth: _____

Enrollment #: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Biological Mother's Name (Include Maiden): _____

Tribal Affiliation: _____

Date of Birth: _____

Enrollment #: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Biological (Father's Father) Grandfather: _____

Tribal Affiliation: _____

Date of Birth: _____

Enrollment #: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Biological (Mother's Father) Grandfather: _____

Tribal Affiliation: _____

Date of Birth: _____

Enrollment #: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Biological (Father's Mother) Grandmother: _____

Tribal Affiliation: _____

Date of Birth: _____

Enrollment #: _____ Blood Degree: _____

Other Tribal Affiliations: _____

Biological (Mother's Mother) Grandmother: _____

Tribal Affiliation: _____

Date of Birth: _____

Enrollment #: _____ Blood Degree: _____

Other Tribal Affiliations: _____

APPLICANT'S AFFIDAVIT:

Initial(s)
required:

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

AND

_____ 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 membership within 180 days of turning eighteen (18) years of age, and applicant attests that he / she has relinquished his / her membership before filing this application.

Relinquished Membership from: _____

On (date): _____ Approval date: _____ Resolution No.: _____

AND

I, UNDERSTAND AND ACKNOWLEDGE THAT IF MY APPLICATION FOR MEMBERSHIP WITH THE 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 (\$5,000.00) DOLLARS, PURSUANT TO SRO-354-2010, SECTION 2-3.1.

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: _____

State of: _____

County of: _____

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

Notary Public



Salt River
PIMA-MARICOPA INDIAN COMMUNITY
Community Development Department
Membership and Real Property Management
10005 E. OSBORN RD. SCOTTSDALE, ARIZONA 85256-9722
PHONE (480) 362-7600, FAX (480) 362-7714

VERIFICATION ON NON-ENROLLMENT

TO BE COMPLETED BY APPLICANT:

APPLICANT: If you have blood degrees or are eligible for enrollment with any other Tribe(s), you must send a copy of this form with SECTION A completed to those tribal enrollment office(s), so that they can complete SECTION B. Their office will return it to this office.

SECTION A

(Please complete this information to the best of your knowledge)

Applicant Name: _____ D.O.B.: _____

Applicant's **Father's** Name: _____ D.O.B.: _____

Tribe: _____ Roll No.: _____ Blood Quantum: _____

Applicant's **Mother's** Name: _____ D.O.B.: _____

Tribe: _____ Roll No.: _____ Blood Quantum: _____

TO BE COMPLETED BY OTHER TRIBAL ENROLLMENT OFFICE:

TO THE "OTHER TRIBAL" ENROLLMENT OFFICE: The above individual is applying for membership with the Salt River Pima-Maricopa Indian Community and is therefore responsible for securing the "Burden of Proof" that he / she is not enrolled, has never relinquished enrollment from another federally recognized tribe and does not have a pending application for enrollment with your Tribe. Please return to our office at the address or fax listed above.

SECTION B

PLEASE CHECK YOUR TRIBAL RECORDS AND ANSWER THE FOLLOWING QUESTIONS

Is the applicant enrolled as a member? ☐ Yes ☐ No If Yes. When? _____ Roll No. _____

Was the applicant an enrolled member and relinquished their enrollment? ☐ Yes ☐ No
If, Yes. When? _____ Resolution No.: _____ (Please provide copy of Resolution)

Has the applicant applied and/or has an application pending for enrollment with your Tribe? ☐ Yes ☐ No
If, Yes. When? _____ (Please provide official documentation of non-enrollment and/or relinquishment)

Is the applicant's father enrolled as a member? ☐ Yes ☐ No If Yes, a Certificate of Degree of Indian Blood is requested.

Is the applicant's mother enrolled as a member? ☐ Yes ☐ No If Yes, a Certificate of Degree of Indian Blood is requested.

Certified on behalf of the: _____ Tribe.

Signature

Title

Date

Adult SRP-MIC Members

CERTIFICATE OF ELIGIBILITY VERIFICATION FOR QUARTERLY PER CAPITA PAYMENT

GENERAL

This form must be completed by **Salt River Pima-Maricopa Indian Community Enrolled Members** who are 18 years of age or older and do not have a guardian. Separate forms are available for Salt River Pima-Maricopa Indian Community Enrolled Members under the age of 18 or Adult Members with a guardian.

On May 9, 2001, the Council of the Salt River Pima-Maricopa Indian Community passed Ordinance No. 2084-2001, that calls for quarterly per capita distributions to enrolled members totaling 35% of net gaming revenue for each quarter. According to our records, you are an enrolled member of the Salt River Pima-Maricopa Indian Community entitled to a per capita payment. As required by the Indian Gaming Regulatory Act, payment of the per capita distribution must be approved by the Bureau of Indian Affairs and must comply with other federal and applicable laws. The information requested in this Certificate must be provided for compliance with certain of these legal requirements and to verify other data in your enrollment file to ensure 1) the per capita payment is issued in your correct name and 2) information related to per capita is mailed to your current address.

The per capita payments will be made to those who were Enrolled Members at the close of business on the last business date of the previous quarter.

INSTRUCTIONS FOR COMPLETING THIS CERTIFICATE

FOR ADULTS - If you are 18 years of age or older and a court has not appointed a guardian or other legal representative to act on your behalf:

- a) answer all questions on page 3,
- b) sign and date the Certificate at the bottom of page 3, and
- c) make sure the witness to your signature signs and dates the Certificate, and provides his/her address, at the bottom of page 3.

A separate certificate will be mailed in the future for completion by 1) parents or guardians of minor enrolled members or, 2) appointed guardians or legal representatives of adult members.

- 1. Please provide your Tribal Identification Number. If you do not know your Tribal Identification Number please contact the Office of Membership Services at (480)362-7600.
- 2. **Legal Name** of Enrolled Member: Please type or print your **legal name** in the boxes provided.
- 3. **Mailing Address:** Please type or print your current mailing address. Per capita checks will be distributed at a central location. If you are unable to pick up your per capita check at the designated time and location the per capita check will be mailed to you using this address. Also, all per capita information in the future will be sent to this address. If you have a change of address in the future, immediately complete a change of address form and submit it to the Salt River Pima Maricopa Indian Community, Office of Membership Services.
- 4. Please provide your date of birth in the boxes provided.

5. Please provide your social security number in the boxes provided. **You must provide a signed copy of your social security card with this certificate.**
6. Per capita payments from net gaming revenue are subject to Federal Income Tax. The Internal Revenue Service requires that the Community deduct a portion of your per capita payment based on the IRS Table "Withholding on Distribution of Indian Casino Profits to Tribal Members." The amount deducted from your per capita payment is then sent to the IRS as an estimate of your Federal Income tax obligation on the per capita payment. The Table assumes that each individual receiving per capita is a single individual with one personal exemption and no other income. Using this table, SRPMIC will only withhold approximately 3% of your per capita payment for the income taxes you will owe. Individuals with taxable income in addition to the per capita should consider increasing the amount withheld to better approximate taxes you will owe. Please check the appropriate box and, if answering yes, please write the percentage or dollar amount you would like withheld from your per capita payment. Please note, the percentage or dollar amount provided by you will be in **addition to amounts required by the IRS table.**
- If you live off the Salt River Pima-Maricopa Indian Community Reservation you may also be required to pay state income taxes. Please note that no state income tax withholding will be deducted from the per capita payments.
7. Please provide your telephone number in the boxes provided.

WITNESSES – The person who executes the Certificate as a witness must be at least eighteen years of age. By executing the Certificate, the witness is certifying that he/she knows the person for whom he/she is serving as a witness and the person signed the Certificate in his/her presence.

SIGNERS - All persons, other than witnesses, who sign the Certificate represent and warrant that they have the legal authority to do so; all information provided in the Certificate is true and correct to the best of their knowledge; and they understand that misrepresentations of such authority or information may constitute perjury or other criminal offenses under the laws of the United States, the Salt River Pima-Maricopa Indian Community or the applicable governmental jurisdictions.

INSTRUCTIONS FOR SUBMISSION OF CERTIFICATE

The completed and executed original of the Certificate should be submitted to the Community's Office of Membership Services at 10005 East Osborn Road, Scottsdale, AZ 85256.

A PER CAPITA PAYMENT CANNOT BE MADE TO YOU UNTIL A PROPERLY COMPLETED AND SIGNED CERTIFICATE IS SUBMITTED AND ALL OTHER LEGAL REQUIREMENTS FOR THE DISTRIBUTION HAVE BEEN SATISFIED.

Please make a copy of the completed Certificate for your records and mail back only the original Certificate along with a copy of your social security card.

ADULT SRP-MIC MEMBER'S PER CAPITA INFORMATION CERTIFICATE
REQUIRED INFORMATION

1. Tribal ID Number:

2. Legal Name of Enrolled Member (type or print):

First Name	M.I.	Last Name (Include Jr. or Sr.)

3. Mailing Address:

Street and number or post office box

City	State	Zip Code

NOTE: This is the address where information related to your per capita distribution will be sent. This is also the address to which the per capita distribution will be mailed if you do not pick the check up at the yet to be designated per capita distribution point. If you reside outside the United States, insert address information according to that country's mail system.

4. Date of Birth:
Month Day Year

5. Social Security Number:

You must provide a copy of your Social Security Card with this certificate.

6. I understand that the required minimum amount will always be withheld for the IRS (federal income taxes).
I would like to change the **ADDITIONAL** amount being withheld for the IRS:

From _____ % TO _____ % **OR** From \$ _____ TO \$ _____

7. Contact Phone Number:

Area Code

Phone Number

Dated: _____

(Signature of Person named in Question 2)

DO NOT SIGN UNTIL 18th BIRTHDAY

(Witness Signature)

Dated: _____

(Witness Printed Name)

Street and number or post office box

City

State

Zip Code

Return to:
Office of Membership Services
10005 E Osborn Rd
Scottsdale, AZ 85256