

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

OFFICE OF MEMBERSHIP SERVICES

MEMBERSHIP APPLICATION PACKAGE



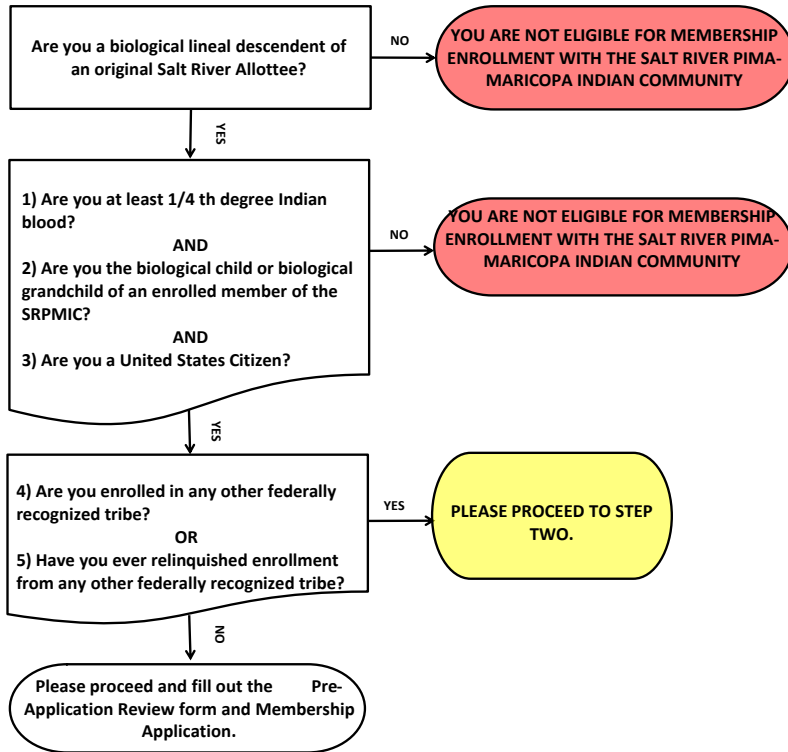
MEMBERSHIP WITHIN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY IS DIRECTED BY THE SRPMIC CONSTITUTION UNDER SECTIONS 1 AND 2 AS APPROVED ON JULY 27, 2005 BY SECRETARIAL ELECTION AND FINAL APPROVAL BY THE WESTERN REGIONAL OFFICE, BUREAU OF INDIAN AFFAIRS ON AUGUST 15, 2005.

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

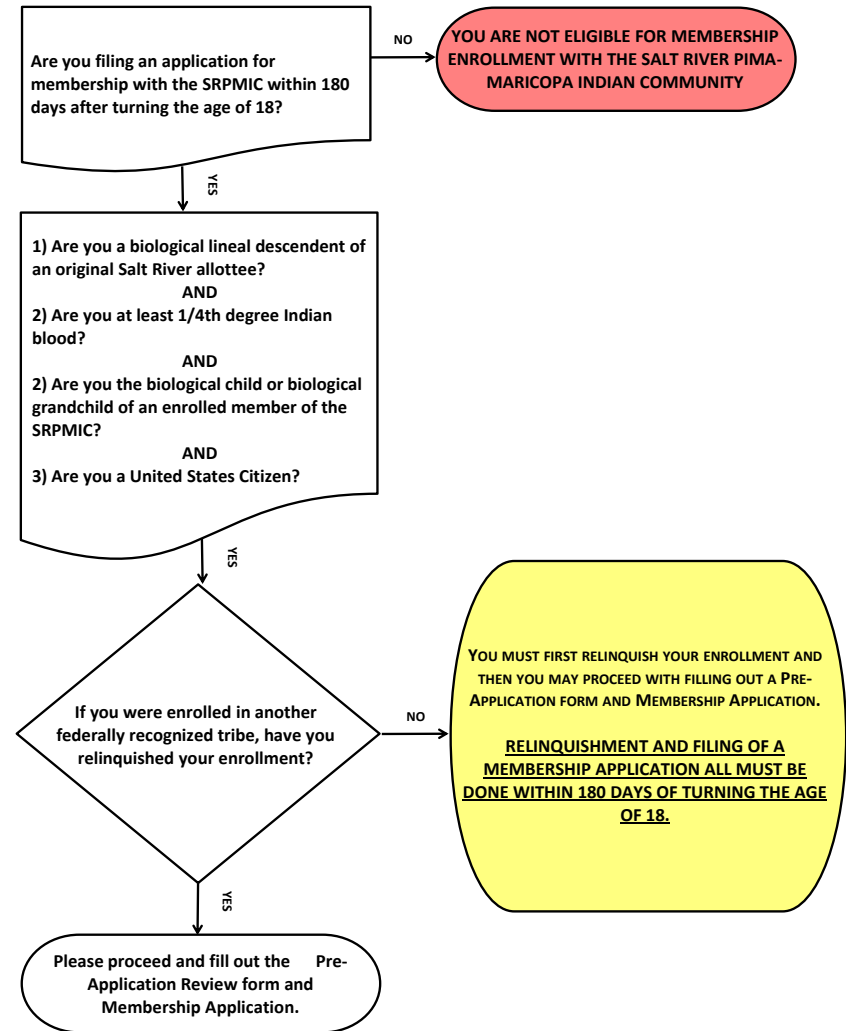
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|----------------------|---|
| Contact Information: | Phone: (480) 362-7600 / Fax: (480) 362-7714 |
| Mailing Address: | 10005 E. Osborn Road, Scottsdale, Arizona 85256 |
| Physical Address: | Two Waters, Building B - 3 rd Floor 10079 E. Osborn Road, Scottsdale, Arizona 85256 |

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
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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 _____



Salt River

PIMA-MARICOPA INDIAN COMMUNITY

Community Development Department

Membership and Real Property Management

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PHONE (480) 362-7600, FAX (480) 362-7714

MINOR/PROTECTED PERSON INFORMATION-VERIFICATION FORM

1. Tribal ID Number: _____

2. Name of Minor/Protected Person:

First Name

Middle Name

Last Name (Include Jr. or Sr.)

Date of Birth

Social Security Number

3. Name Change:

First Name

Middle Name

Last Name (Include Jr. or Sr.)

***MUST ATTACH LEGAL DOCUMENTATION OF NAME CHANGE (COURT ORDER)**

4. Parent/Guardian: *The designated parent or guardian name and address must match the name submitted to Providence First Trust Company.*

First Name

Middle Name

Last Name (Include Jr. or Sr.)

***MUST ATTACH LEGAL DOCUMENTATION OF GUARDIANSHIP (COURT ORDER)**

5. Mailing Address:

Street Address or Post Office Box

City

State

Zip Code

6. Email Address: _____

7. Phone Number(s):

Home: ()

Cell: ()

Other: ()

8. Signature:

Parent/Guardian

Date

Although both parents/guardians may live together and with the minor or protected person, only one parent/guardian is on file with Providence First Trust Company and SRP-MIC Membership as the designated parent or guardian for this person.

For changes without a court order, the previously designated parent must agree to the change below:

Name of previously designated parent

Signature of previously designated parent

Date

Date Received by SRPMIC CDD/MRPM:

Rev. 3/14 (green)