

Gila River Indian Community

Enrollment/Census Department

APPLICATION FOR MEMBERSHIP PACKET



Membership in the Gila River Indian Community is governed by the Community's Constitution and bylaws, Title 3 the Membership ordinance and the Enrollment Department's policies and procedures.

**INCOMPLETE AND ILLEGIBLE MEMBERSHIP PACKETS WILL NOT BE PROCESSED
AND WILL BE RETURNED TO THE APPLICANT**

CONTACT INFORMATION:

Mailing Address: PO Box 97 Sacaton, Arizona 85147

Physical Address: 525 W. Gu U Ki Rd Sacaton, Arizona 85147

Phone: (520) 562-9790 / Fax: (520) 562-8103



GILA RIVER INDIAN COMMUNITY

Enrollment/Census Department
 P.O. Box 97 Sacaton, AZ 85147
 Phone: (520) 562-9790 Fax: (520) 562-8103

Instructions for Mail-in Applications for Membership

Membership in the Gila River Indian Community (“GRIC”) is governed by the Community’s Constitution and bylaws, Title 3 the Membership ordinance, and the Enrollment Department’s policies and procedures. To be eligible for membership an applicant must have a biological parent enrolled in GRIC and be at least ¼ degree Indian blood.

Individuals considering membership with Gila River Indian Community should contact the Enrollment Department to verify eligibility prior to completing the application. An adult applicant or the parent(s)/guardian(s) of a minor may submit all required documents to the Enrollment Department by appointment or by mail.

Instructions for Submitting an Application for Membership by Mail

1. Complete the Application for Membership (application must be notarized). Send to GRIC Enrollment Department P.O. Box 97 Sacaton AZ 85147. The Enrollment Department recommends documents be sent certified, registered or other mail delivery that can be tracked or monitored. Include the following documents with the application:
 - a) Certified birth certificate- photocopies are not accepted. Birth certificates not listing parent’s dates of birth require additional documents; contact the Enrollment Department for more information.
 - b) Social security card- photocopies are not accepted.
 - c) Photo ID for adults – color photocopy, must be legible.
 - d) Current court orders or other legal documents, if applicable (i.e. guardianship, adoption decree, legal name change court order, marriage license, divorce decree).

2. If one of the applicant’s parents is enrolled in another federal or state recognized tribe, complete Section I of the Enrollment Verification and Document Request form and submit to the other tribe. The completed form and the following are required from the other tribe:
 - a) Certificate of Indian Blood (“CIB”) for the parent enrolled with the other tribe; and
 - b) Verification of Non-Membership (“VNM”) indicating the applicant is not enrolled in the other parent’s tribe.

The CIB and VNM will be considered valid for six (6) months from the date issued by other tribe. Other tribal enrollment departments may submit the CIB and VNM directly to the GRIC Enrollment department.

3. For legally adopted applicants the following are also required:
 - a) Adoption decree signed by a judge or other officer of the court;
 - b) Copy of applicant’s original birth certificate, must include applicant’s biological parents’ names and dates of birth;
 - c) Certified copy of applicant’s amended birth certificate, with applicant’s adoptive parents’ names and dates of birth;
 - d) Social security card reflecting adoptive name.

4. Applicants previously enrolled in another tribe must submit proof of relinquishment and complete a Petition for Membership form.

5. Incomplete application packets and packets with errors or discrepancies will be returned to applicant for correction.

6. Original documents submitted to the GRIC Enrollment department are returned to the applicant by certified mail/return receipt within seven (7) days of receiving.

7. Applications for membership are processed on a quarterly basis:

Application Completed	Processed	Application Completed	Processed
January - March	April	July – September	October
April – June	July	October – December	January



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Application for Membership Document Checklist (mail-in)

Applicant's Name: _____		Date of Birth: _____	
<i>Initial next to each document you are submitting for the enrollment process for Gila River Indian Community. Enter N/A next to documents that are not applicable to the applicant and are not included with the application packet.</i>			
Applicant or parent/guardian Initials	Documents Submitted	Date Rcv'd	Staff Initial
	Application for Membership (signed, dated & notarized)		
	Certified Birth Certificate, with applicant's parents(s) names and dates of birth * (photo copies not accepted)		
	Social Security Card (photo copies not accepted)		
	Valid Photo ID: color photocopy of State Driver License or Identification card, US Passport, Tribal ID		
	Guardianship court order (if applicable)		
	Document substantiating a name change i.e. court order, marriage license, or divorce decree		
	Relinquishment documents if the applicant was previously enrolled in another tribe		
	Other court order (list) _____		
Additional documents required if applicant's parent is enrolled in another federal or state recognized tribe:			
	Current Certification of Indian Blood (CIB) parent is enrolled in a federal or state recognized tribe		
	Documentation verifying non-membership (VNM) in other parent's tribe (for applicant)		
Legally adopted applicants must provide the additional documents listed below:			
	Signed adoption decree		
	Copy of the applicant's original birth certificate with biological parent(s) names/ dates of birth*		
	Certified copy of the applicant's amended birth certificate, with adoptive parent(s) names/dates of birth* (photo copies not accepted)		
	Social Security Card reflecting adoptive name (photo copies not accepted)		
*If birth certificate does not list parent's dates of birth, contact the Enrollment department for supplemental documents accepted.			

By signing the application checklist, I am confirming that I am submitting all required documents necessary to determine eligibility for membership of the above names applicant. I understand incomplete application packets will be returned and I will be responsible to resubmit all required information upon correction.

 Print Name

 Relationship to Applicant

 Signature

 Date

Enrollment Department Use Only	
Reviewed by _____	Date _____
Application Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Date to Administrative Staff _____
Notes _____	



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Sacaton, AZ 85147

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Application Tracking (Enrollment Dept Use Only)
Received by:
Acquired#:

Application for Membership

Applicant's Name – Last, First, Middle:		Jr., Sr., Etc.	Date of Birth:	
Gender:	Maiden Name (If Applicable):	Other Name Used (If Applicable)		
Social Security #:		Phone #:	Applicant's Home District:	
Mailing Address:		City:	State:	Zip Code:
Physical Address (if different than above):		City:	State:	Zip Code:
Mother's Name:		Maiden Name:	Tribal Affiliation:	
Father's Name:		Tribal Affiliation:		
The above applicant is: <input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Adopted				
Was the applicant previously enrolled with the Gila River Indian Community? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Did the applicant relinquish membership from another tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the applicant legally adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If applicant is eligible for enrollment in another tribe, list here:				
APPLICANT'S FATHER FAMILY INFORMATION			APPLICANT'S MOTHER FAMILY INFORMATION	
Applicant's Biological Father:			Applicant's Biological Mother:	
Name:			Name:	
Other Name Used:			Maiden Name:	
Date of Birth:			Date of Birth:	
Tribe:			Tribe:	
Enrollment #:		Blood Degree:	Enrollment #:	
Enrollment #:		Blood Degree:	Enrollment #:	
Applicant's Paternal Grandfather (Father's Father):			Applicant's Maternal Grandfather (Mother's Father):	
Name:			Name:	
Other Name Used:			Other Name Used:	
Date of Birth:			Date of Birth:	
Tribe:			Tribe:	
Enrollment #:		Blood Degree:	Enrollment #:	
Enrollment #:		Blood Degree:	Enrollment #:	
Applicant's Paternal Grandmother (Father's Mother):			Applicant's Maternal Grandmother (Mother's Mother):	
Name:			Name:	
Maiden Name:			Maiden Name:	
Date of Birth:			Date of Birth:	
Tribe:			Tribe:	
Enrollment #:		Blood Degree:	Enrollment #:	
Enrollment #:		Blood Degree:	Enrollment #:	

Affidavit

Applicant's Name: _____ Date of Birth: _____

I, certify that I am the applicant or the parent(s)/guardian(s) of the applicant entitled to his/her custody and control, and have provided all applicable documents to be used to research eligibility for membership and calculate total Indian blood quantum. All information is correct to the best of my knowledge, and the above named applicant **IS NOT** enrolled in another federal or state recognized Indian tribe. I also acknowledge enrollment-related information may be provided to Community departments, other tribal enrollment offices or federal agencies in accordance with the Gila River Indian Community Membership ordinance and the Department's Policies and Procedures.

I further acknowledge that it is my responsibility to report any address/contact information change with the Enrollment Department.

I further acknowledge applications that are incomplete, lacking information, illegible or contain errors will be returned to me and I will be required to resubmit all required documents if I choose to submit another Application for Membership.

The Enrollment Department is not responsible for lost or damaged documents.

Stop: This form must be signed in front of a notary public if submitted by mail.

Applicant/Parent/Guardian: _____	2nd Parent/Guardian (optional): _____
Printed Name _____	Printed Name _____
Signature of Applicant/Parent/Legal Guardian _____	Signature of Parent/Legal Guardian _____
Date _____	Date _____

NOTARY SECTION (notary required for mail in applications)

State of _____
 County of _____

On this _____ day of _____ 20____, before me personally appeared and providing satisfactory evidence to be the person whose name is subscribed to this document, acknowledges that he/she signed the Application for Membership.

 NOTARY PUBLIC

 COMMISSION EXPIRES

State of _____
 County of _____

On this _____ day of _____ 20____, before me personally appeared and providing satisfactory evidence to be the person whose name is subscribed to this document, acknowledges that he/she signed the Application for Membership.

 NOTARY PUBLIC

 COMMISSION EXPIRES

Enrollment Department Use Only

Applicant submitted the following documents: Check all that apply, enter N/A for documents not required.

Yes	No	N/A		Yes	No	N/A	
			Original Certified Birth Certificate				Original Social Security Card
			Certificate of Indian Blood (for parent)				Adoption Decree
			Verification of Non-Membership				Photo Identification Card
			Relinquishment Resolution/Letter				Guardianship Court Order
			Other - list document(s)				

Complete- All required documents submitted with Application for Membership

Reviewed and Accepted By: _____ Date: _____

Application Void

Date document/information requested	Deadline Date (30 days)	Date Application Voided

Enrollment Date: _____ GRID#: _____ DRT: _____

AUTOMATIC
 PETITION
 TSS
 DENIAL
 CODE 021
 REINSTATEMENT



GILA RIVER INDIAN COMMUNITY

SACATON, AZ 85147

Enrollment/Census Department

Post Office Box 97
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Enrollment Verification and Document Request Form

The Enrollment Verification and Document Request form must be completed when an individual applying for membership to the Gila River Indian Community has a parent enrolled in another federal or state recognized tribe or is eligible for enrollment in another tribe.

APPLICANT: If you are eligible for enrollment with another tribe complete Section 1. of this form and submit to the other tribe's Enrollment office. Contact the other tribal enrollment office for other documents required, the other enrollment office will complete Section 2.

Section 1. (to be completed by applicant or parent/guardian)

Applicant's Name: _____ DOB: _____

Applicant's Fathers Name: _____ DOB: _____

Tribe: _____ Enrollment #: _____ Blood Quantum: _____

Applicant's Mothers Name: _____ DOB: _____

Tribe: _____ Enrollment #: _____ Blood Quantum: _____

In completing Part 1 of this form I am certifying that all information is true and correct to the best of my knowledge.

(Applicant/Parent/Guardian's signature)

Date: _____

OTHER TRIBAL ENROLLMENT OFFICE: The applicant listed above is applying for membership into Gila River Indian Community. Please complete Section 2. and submit completed form and requested information to our office by mail or fax, contact information listed above.

Section 2. (to be completed by the other Tribal Enrollment office)

1. Is the applicant an enrolled member of your tribe? Yes No (If yes, please provide a Certificate of Indian Blood.
If no, please provide a Verification of Non-Membership)
2. Does the applicant listed above have an application for membership pending with your tribe? Yes No
3. Has the applicant relinquished membership from your tribe? Yes No (If yes, please provide documentation of relinquishment)
4. Is the applicant's father enrolled in your tribe? Yes No (If yes, please provide a Certificate of Indian Blood)
5. Is the applicant's mother enrolled in your tribe? Yes No (If yes, please provide a Certificate of Indian Blood)

Certified on behalf of the _____ Tribe.

Signature: _____ Title _____ Date _____

Enrollment Department Use Only

Received by: _____

Date: _____