

Pascua Yaqui Tribe Application for Membership

Pg. 1 (PLEASE USE BLACK INK ONLY, PRINT LEGIBLY. DO NOT USE WHITE-OUT, PUT LINE THROUGH MISTAKE AND INITIAL)

Name of Applicant:			
Date of Birth:	BirthPlace:	SS#:	
Maiden Name (if applicable):		AKA:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Degree of Pascua Yaqui Indian Blood (in fraction) (/) i.e (1/4)		Are you A U. S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street Address:			
City, State, Zip:		County:	
Phone #:	()	E-Mail:	
Is this your mailing address? If not, then complete Mailing Address information below:			
Mailing Address:			
City, State, Zip:		County:	
Msg Phone #:	()	Are you U.S. Veteran ? YES <input type="checkbox"/> NO <input type="checkbox"/> (If Yes, list branch of service):	
Do you possess any other Indian Blood? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, complete the following.)			
Name of Tribe/Band/Group or Community:			
Enrollment/Census Number:		Blood Degree (in fraction) (/) i.e. (1/4)	
Are you Adopted? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, the applicant may be eligible under the birth parent(s). Records regarding the birth parent(s) must be submitted. The Enrollment Dept. seals such information after verifying eligibility of the applicant.			
Adoptive Father: _____		Adoptive Mother: _____	
Biological Father:		Degree of Yaqui Blood (in fraction) (/) i.e. (1/4)	
Tribe enrolled with:		Roll #:	
U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>		SS#:	Date of Birth:
Biological Mother:		Degree of Yaqui Blood (in fraction) (/) i.e. (1/4)	
Tribe enrolled with:		Roll #:	
U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>		SS#:	Date of Birth:
Do you have any other family members enrolled in the Pascua Yaqui Tribe? (If YES, please list)			
Name		Relation	
Name		Relation	
Please list the names and birth dates of your children. (An application MUST be completed for each child applying for membership.)			
Name		Date of Birth	Date of Birth
Name		Date of Birth	Date of Birth
Name		Date of Birth	Date of Birth
Office Use Only			
Date Received:	File No:	Mailed <input type="checkbox"/> Walk-In <input type="checkbox"/> Community U/D <input type="checkbox"/> Over 18 U/D <input type="checkbox"/>	
Documentation Provided:			
Copies Made By:	Log In Date: / /	Initials:	
Applicant eligible under: Public Law 95-375: <input type="checkbox"/> Public Law 103-357: <input type="checkbox"/> Both Public Law 95-375 & 103-357 <input type="checkbox"/>			
Applicant ineligible under: Public Law 95-375: <input type="checkbox"/> Public Law 103-357: <input type="checkbox"/> Both Public Law 95-375 & 103-357 <input type="checkbox"/>			

Family Tree Info

Pg2

Applicant	
Father's Name: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enrollment#: _____	G-Grandfather: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enr. #: _____
Grandmother: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enrollment#: _____	G-Grandmother: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enr. #: _____
Grandfather: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enrollment#: _____	G-Grandfather: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enr. #: _____
Mother's Name: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enrollment#: _____	G-Grandmother: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enr. #: _____
Grandmother: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enrollment#: _____	G-Grandmother: _____ Date of Birth: _____ Birthplace: _____ Degree of Yaqui Blood: ___ / ___ Enr. #: _____

NOTICE: The burden of proof is the responsibility of the applicant alone. Each applicant has the responsibility of proving they are eligible for membership using any acceptable documentation available to them. A separate application must be completed for each member of the family.

Release Of Information Statement

I hereby authorize the Pascua Yaqui Tribe Enrollment Dept. to release any information necessary to the appropriate Tribal, County, State or other agencies, in order to determine the eligibility of services. I am aware that the law provides a penalty of not more than \$10,000.00 fine or five (5) years in prison, or both, for providing false information, and I hereby certify the information provided on this application to be true and correct to the best of my knowledge.

Signature: _____ Date: _____

If the application is submitted on behalf of a minor, mentally incompetent or any other person needing assistance please provide the appropriate court documents.

Application completed on behalf of : _____

Relationship to applicant: Parent Guardian Legal Representative Other Specify: _____

Address: _____ City: _____

State: _____ Zip: _____

<p><u>If you have any questions, please contact:</u> Marisela C. Nunez, Enrollment Manager (520) 879-6226 or (800) 572-7282 ext. 6226</p>	<p><u>Applications may be submitted to:</u> Pascua Yaqui Tribe Enrollment Department 7474 S Camino De Oeste / Tucson, AZ. 85757</p>
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