PASCUA YAQUI TRIBE ENROLLMENT DEPARTMENT
7474 S CAMINO DE OESTE
TUCSON, AZ 85757
520-879-6242 or 1-888-443-0044

APPLICATION FOR MEMBERSHIP

THE APPLICATION MUST BE COMPLETED IN BLACK OR BLUE INK. DO NOT USE WHITE-OUT, IF THERE ARE ERRORS, PUT A LINE THROUGH THE MISTAKE AND INITIAL.

DO NOT PHOTO COPY THIS APPLICATION. COPIES OF THIS APPLICATION WILL NOT BE ACCEPTED.

SECTION A APPLICANT'S INFORMATION

Applicant's Name: _____ **Maiden Name:** _____

Gender: **Male** ☐ **Female** ☐ **Date of Birth:** ____/____/____ **Place of Birth** (City & State): _____

Soc. Sec. #: ____-____-____ **U.S. Citizen? Yes** ☐ **No** ☐ **Degree of Yaqui Blood (in fraction):** ____/____

U.S. Veteran? Yes ☐ **No** ☐ **If yes, please list branch and years of service:** _____

Marital Status: Single ☐ **Married** ☐ **Divorced** ☐ **Widowed** ☐ **Spouse's Name** (if applicable): _____

Are you enrolled with another Tribe? Yes ☐ **No** ☐ **If yes, name of Tribe:** _____

Enrollment #: _____ **Degree of Indian Blood (in fraction):** ____/____

Physical Address: _____ **Apartment/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone #: _____ **Mess. Phone #:** _____ **E-Mail:** _____

Complete this section if your mailing address is different than your physical address.

Mailing Address: _____ **Apartment/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

SECTION B FATHER'S INFORMATION

Biological Father's Name: _____ **Date of Birth:** ____/____/____

Soc. Sec. #: ____-____-____ **U.S. Citizen? Yes** ☐ **No** ☐ **Enrolled with Pascua Yaqui Tribe? Yes** ☐ **No** ☐

Degree of Yaqui Blood: ____/____ **Enrollment #:** _____ **Other Indian Blood? Yes** ☐ **No** ☐

If yes, what Tribe? _____ **Degree of Blood:** ____/____ **Enrollment #:** _____

SECTION C MOTHER'S INFORMATION

Biological Mother's Name: _____ **Maiden:** _____ **Date of Birth:** ____/____/____

Soc. Sec. #: ____-____-____ **U.S. Citizen? Yes** ☐ **No** ☐ **Enrolled with Pascua Yaqui Tribe? Yes** ☐ **No** ☐

Degree of Yaqui Blood: ____/____ **Enrollment #:** _____ **Other Indian Blood? Yes** ☐ **No** ☐

If yes, what Tribe? _____ **Degree of Blood:** ____/____ **Enrollment #:** _____

SECTION D FAMILY TREE INFORMATION

Applicant's Name: _____

Your Father's Family

Grandfather's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

Father's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

Grandmother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandfather's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandmother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandfather's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandmother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

Your Mother's Family

Grandfather's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

Mother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

Grandmother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandfather's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandmother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandfather's Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

G-Grandmother's Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____
Tribe: _____ Degree of Blood: _____
Roll#: _____

SECTION E GENERAL INFORMATION

Are you adopted? Yes ☐ No ☐ (If yes, please list)

If you, the applicant is adopted, you may be eligible for membership under your birth parent(s). Original documentation regarding the birth parent(s) must be submitted. The Enrollment Department seals such information after verifying eligibility of membership.

Adoptive Father: _____

Adoptive Mother: _____

Do you have any other family members enrolled with the Pascua Yaqui Tribe? Yes ☐ No ☐ If yes, please list.

Name: _____ **Relation:** _____ **Date of Birth:** ____/____/____

Name: _____ **Relation:** _____ **Date of Birth:** ____/____/____

Please list the names and birth dates of your children below. If you are applying for membership for your children a separate application must be filed for each person.

Name	Date of Birth	Name	Date of Birth

SECTION F DECLARATION

(Print the full name of the applicant or the name of the Parent/Legal Guardian/Sponsor completing the application)

I, _____ being of sound mind, state that I personally completed the application above, OR I personally provided the information above and state that the information provided in this application is true and correct to the best of my knowledge. I recognize that any false information that I have knowingly or willfully provided herein may subject me to legal penalties, including but not limited to prosecution for perjury. I further recognize and acknowledge that some or all of the information contained in this application, as well as any documents or written statements that I have provided to the Enrollment Department may be shared with various tribal, county, state and outside agencies to determine tribal status and eligibility of services.

Applicant's Signature: _____ **Date:** _____

Parent/Legal Guardian/ Sponsor's Signature: _____ **Date:** _____

ENROLLMENT APPLICATIONS MAY BE SUBMITTED ONLY TO THE:

Pascua Yaqui Tribe Enrollment Department
7474 S Camino De Oeste – Tucson, AZ
520-879-6242 or 1-888-443-0044

OR

Pascua Yaqui Guadalupe Enrollment Annex
8066 S Avenida Del Yaqui – Guadalupe, AZ 85283
480-768-2040 or 480-768-2042
(Walk-Ins Only)

FOR OFFICE USE ONLY

Date Recieved: ____/____/____ **Log In Date:** ____/____/____ **File #:** _____ **Initials:** _____

Mailed ☐ **Walk-In** ☐ **Guadalupe Annex** ☐ **Documentation:** _____

Community ☐ _____

Notes: _____