# SALT RIVER
# PIMA-MARICOPA INDIAN COMMUNITY

OFFICE OF MEMBERSHIP SERVICES

# MEMBERSHIP APPLICATION PACKAGE

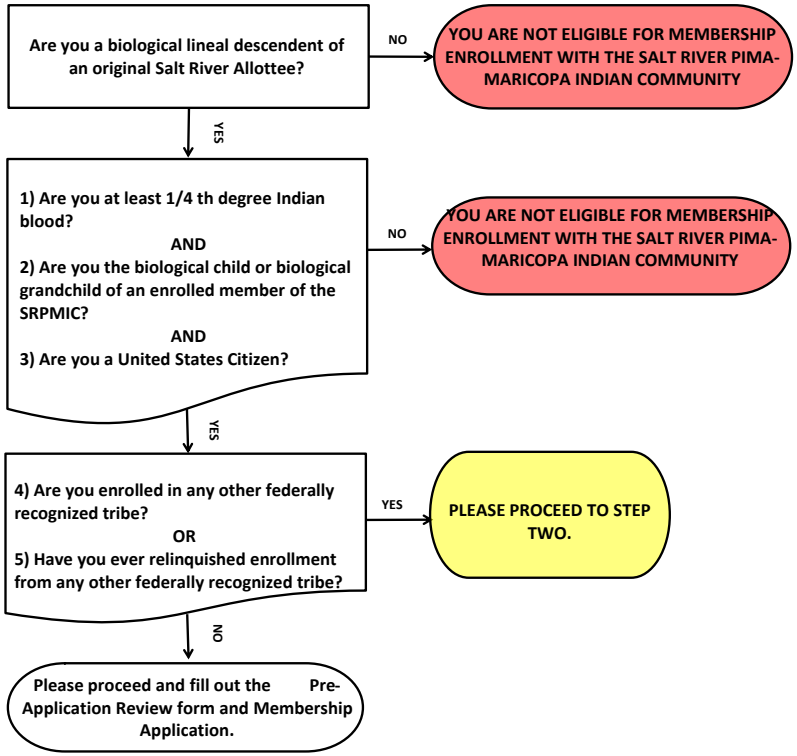
MEMBERSHIP WITHIN THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY IS DIRECTED BY THE SRPMIC CONSTITUTION UNDER SECTIONS 1 AND 2 AS APPROVED ON JULY 27, 2005 BY SECRETARIAL ELECTION AND FINAL APPROVAL BY THE WESTERN REGIONAL OFFICE, BUREAU OF INDIAN AFFAIRS ON AUGUST 15, 2005.

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

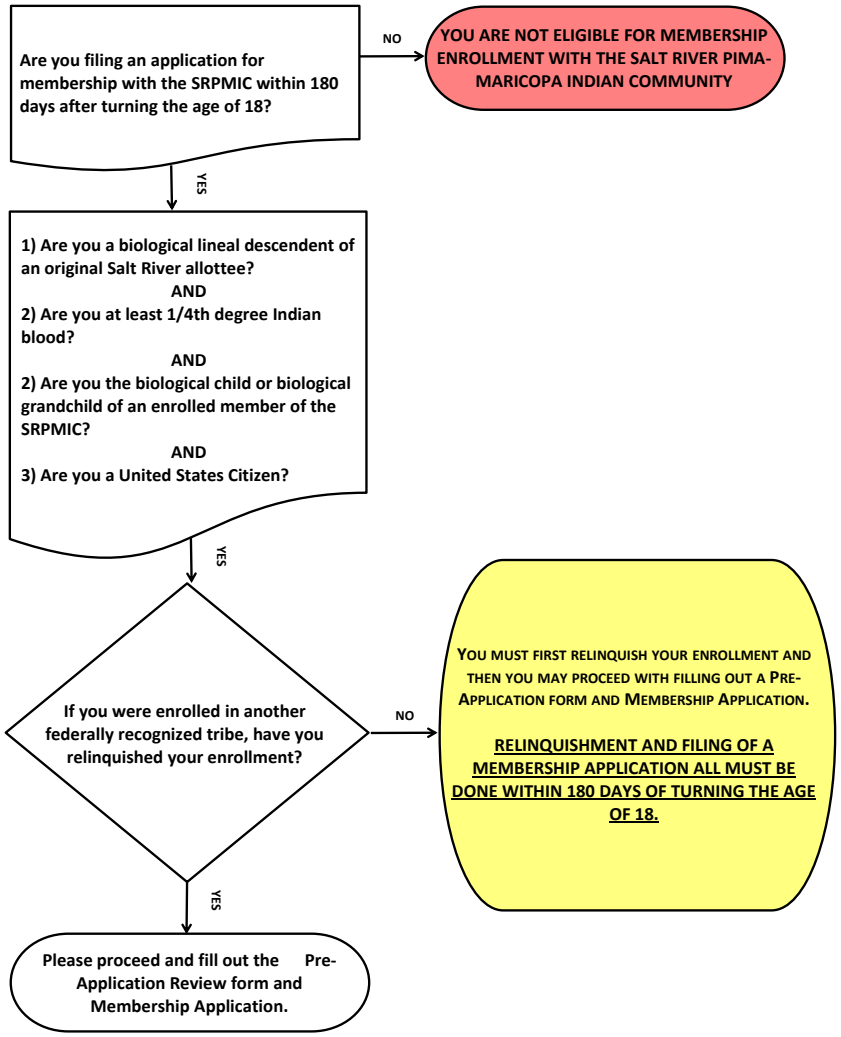

| | |
|---|---|
| **Contact Information:** | **Phone: (480) 362-7600 / Fax: (480) 362-7714** |
| **Mailing Address:** | **10005 E. Osborn Road, Scottsdale, Arizona 85256** |
| **Physical Address:** | **Two Waters, Building B – 3rd Floor**<br>**10079 E. Osborn Road, Scottsdale, Arizona 85256** |

# 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.

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# PIMA-MARICOPA INDIAN COMMUNITY

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Office of Membership Services

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


## MEMBERSHIP APPLICATION CHECKLIST

Date: _____

Applicant Name: _____ Date of Birth: _____

Applicant: ☐ Minor ☐ *18 Year Old (applying within 180 days) ☐ Adult (never enrolled) ☐ Adopted Child/Adult

| Membership Eligibility through Biological: ☐ Parent(s) ☐ Grandparent(s) | Parent(s) / Guardian(s) Name(s): | *Relinquishing Membership from: |
|---|---|---|

| Applicant (CHECK ITEMS) | ***(please checkmark the documents that you are submitting)*** | OMS Staff |
|---|---|---|
| ☐ | **1. Membership Application.** Completed, signed, dated and notarized. | ☐ |
| ☐ | **2. Certified Birth Certificate.**<br>***Applicant*** ☐ Yes ☐ No ***Non-Enrolled Parent*** ☐ Yes ☐ No ☐ Not Required<br>Biological Parent Eligibility: Official government issued Certificate of Birth, official United States Passport or any other federal issued certification that specifically attests that the applicant is a United States citizen.<br>Biological Grandparent Eligibility: Official government issued Certificate of Birth, Certified Death Certificate or SRPMIC Court decree determining that the applicant is a biological lineal descendant of an enrolled member of SRPMIC. | ☐ |
| ☐ | **3. Social Security Card.** | ☐ |
| ☐ | **4. Custody / Guardianship.** If you are not the biological parent of the applicant, submit legal guardianship documentation, such as a court order, which grants custody to you. | ☐ |
| ☐ | **5. Certification of Degree of Indian Blood (CDIB).** If the applicant possesses blood of any quantity from another Indian tribe, the "Burden of Proof" is on the applicant. It is the responsibility of the applicant to present documentation providing the blood degrees from other Indian Tribe(s). If the applicant is a minor, the "Burden of Proof" is the parent(s)' responsibility. | ☐ |
| ☐ | **6. Verification of Non Membership, Pending Application or Relinquishment.** The applicant must submit documentation that he/she is not enrolled with another tribe or has no pending membership application with another tribe or has not relinquished a membership with another tribe. If the applicant is a minor, the "Burden of Proof" is the parent(s) responsibility.<br>***If applicable, is the applicant applying for membership within 180 days after turning the age of 18?*** ☐ **Yes** ☐ **No** | ☐ |
| ☐ | **7. *Relinquishment Documents.** If applying for enrollment within 180 days after turning the age of 18.<br>***Per the Constitution of the SRPMIC, Section 2(c).*** | ☐ |
| ☐ | **8. Court Documents.** Divorce Decrees, Name Changes and / or Adoption Documents. | ☐ |
| ☐ | **9. Paternity.** All questions relating to paternity of an applicant for membership shall be decided by the Salt River Pima-Maricopa Indian Community Court and the decision of the court shall be final. All DNA tests and outside court orders establishing paternity will be required in order to be recognized by the SRPMIC Court. | ☐ |
| ☐ | **10. Certificate of Eligibility Verification for Quarterly Per Capita Payment.** | ☐ |
| ☐ | **11. Burden of Proof.** If the other Tribe will not allow you to request the Certificate of Degree of Indian Blood and the Verification of Non-Membership, the **Burden of Proof** document may be used. You will need to complete the document and send it to the other Tribe. Please read the document for more information | ☐ |

**BY SIGNING THIS PRE-APPLICATION REVIEW, I AM CONFIRMING THAT THE OFFICE OF MEMBERSHIP (OMS) STAFF HAS REVIEWED WITH ME THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY MEMBERSHIP APPLICATION PROCESS, THE MEMBERSHIP ELIGIBILITY CRITERIA AND DOCUMENTS THAT ARE REQUIRED TO PROCESS THE APPLICATION.**

_____ _____

**Applicant/Guardian's Signature** **Date**

_____ _____

**OMS 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**

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_____ 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

# BURDEN OF PROOF

## 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

_____ Dated: _____
(Witness Signature)

_____
(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**