

ROBINSON RANCHERIA

Enrollment Department

P. O. Box 428, 1545 E. Highway 20, Nice, CA 95464

Phone: 707-275-0527 • Fax: 707-275-0235

DATE RECEIVED _____

Date Received in Enrollment:

APPLICATION NO. _____

APPLICATION FOR MEMBERSHIP

Please Read.....

Please complete each part in its **entirety** – to the best of your knowledge. You will need copies of your **State issued Birth Certificate** and **Social Security Number** (hospital records will not be accepted). Documents submitted to the Enrollment Department are the property of Robinson Rancheria Tribe and will be kept on file.

1. If the father’s name is not listed on the Birth Certificate and possess California Indian Blood a properly NOTARIZED PATERNITY ADDIDAVIT must be included.
2. California Indian Blood Degree documents from your Tribe or BIA stating the blood quantum also must be included with your application.
3. Each application must be **completed, signed, dated** and contain sufficient documentation. *All incomplete applications will be returned, delayed or denied for enrollment.*

APPLICANT’S FULL LEGAL NAME:

First	Middle	Last	(Jr., Sr. or II)
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Other Name(s) by which you are known, Maiden name or Married names:

CONTACT INFORMTION: CELL NUMBER: _____ MESSAGE NUMBER: _____

MAILING ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____ SEX: F _____ M _____

Complete back of Application....

ANCESTRY

Ancestors/Persons through whom enrollment rights are claimed:

Name	Roll #	Relationship
Applicant's Degree of California Indian Blood: _____		
Are either of your parents enrolled with another Federal Recognized Tribe?		Yes ___ No ___
<i>If yes, which parent and name the Tribe:</i> _____		
Is Applicant an Adopted Child?		Yes ___ No ___
Is Applicant enrolled with another Tribe?		Yes ___ No ___
Name of Tribe: _____		
Is Applicant a direct descendant of another Tribe?		Yes ___ No ___

Signature of Adult Applicant or Sponsor

Name	Date



If a sponsor, what relationship to applicant? _____

ELIGIBILITY REQUIREMENTS FOR MEMBERSHIP

Answer each question by marking **Yes** or **No**:

1. Does your name appear on the Revocation of Termination Proclamation and Restoration of Federal Status Notice for Robinson Rancheria as published in the Federal Register on June 29, 1977 (42 F.R. 33099)? Yes ___ No ___

2. Were you listed as a distribute or dependent member of the immediate Family in the Plan for the Distribution of the Assets of the Robinson Rancheria as approved by the Under Secretary of the Interior on August 30, 1965, and published in the Federal Register on 9/3/65 (30 F.R. 11330)? Yes ___ No ___

3. Are you a spouse of an individual listed in Question 1, who has at least 1/4 Degree of California Indian Blood? Yes ___ No ___

4. Are you a lineal descendant of an individual eligible for membership under Question 1, regardless of whether the ancestor is living or deceased, and you possess at least 1/4 degree of California Indian Blood? Yes ___ No ___

5. Are you a legal spouse of an enrolled member of Robinson Rancheria and

possess at least 1/4 degree of California Indian Blood?

Yes ___ No ___

If you have shared in the assets of another Tribe or Band, have inherited, voted in Elections, or are in any other way affiliated with another Tribe.

If yes, explain fully _____

Yes ___ No ___

Does your name appear on an Indian Census Roll?

If yes, give date of roll number, if known _____

Yes ___ No ___

Have you ever been denied membership with another Tribe?

Yes ___ No ___

Why do you want to be a member of Robinson Rancheria?

By submitting this application for approval, do you acknowledge and agree that if you were **previously** enrolled with Robinson Rancheria and then were disenrolled, you waive any claims to tribal benefits and services during the time of your disenrollment?

Yes ___ No ___

In order that you may be granted membership with Robinson Rancheria, do you fully understand the meaning of and hereby agree to relinquish, to the extent necessary, your membership rights with any other Tribe with which you are now affiliated?

Yes ___ No ___

CERTIFICATION

I declare that the foregoing information is true and correct to the best of my knowledge. I also understand that providing false information to qualify for membership at Robinson Rancheria will result in automatic denial of this application including loss of membership.



or

Signature of Applicant

Signature - Sponsor of Application

Date

NOTE:

COPY OF BIRTH CERTIFICATE, BAPTISHMAL RECORD OR OTHER ACCEPTABLE PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH APPLICATION FORM.