



Application For Enrollment

Please fill out application completely. Incomplete applications will be returned.

<u>Applicants Full Name</u>

<u>Indian, Maiden, or other Name by which known</u>

Physical Address

Street	City	State	Zip

Mailing Address *check if same as above*

Street	City	State	Zip

Phone Number

Alternate Phone

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Email Address

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Emergency Contact

Name	Phone Number

Date of Birth	Place of Birth	Social Security No.

Ancestor on base roll through whom enrollment rights are claimed

Must be a distributee of Big Sandy Rancheria

Name	Roll Number	Relationship to Applicant

37387 Auberry Mission Road ~ P.O. Box 337~ Auberry, California 93602 Phone:
559.374.0066 ~ Fax: 559.374.0055 ~ E-mail: mmunoz@bsrnation.com



Degree of Indian Blood Claimed

For information only. Membership is based on direct lineal per Article II, Section 1.

Western Mono	Other (give degree & tribe)	Total Degree of Indian Blood

Answer the following:

Is applicant an adopted child?	() Yes	() No
Is applicant enrolled with another tribe	() Yes	() No
Is applicant a direct lineal descendent of a member of Big Sandy Rancheria?	() Yes	() No
Is either of your parents enrolled as a member of another tribe?	() Yes	() No
If yes, which parent and with what tribe? Big Sandy will contact tribe for verification.		

I certify that the information I have provided is true and correct.

Signature of Applicant

Date

If Applicant is under 18 years of age parent/legal guardian must sign.

Signature of Parent/Legal Guardian

Date

The following documentation must be submitted along with this application for final review and placement on the membership list:

- Birth Certificate, Baptismal Record, or Proof of Birth and Parentage
- DNA test results (if membership rights are claimed through the father)
- Social Security Card
- Family Tree Form