

Kashia Band of Pomo Indians of the Stewarts Point Rancheria

TRIBAL ENROLLMENT CHECK OFF SHEET

NOTE: Kashia Tribal Errollment is open from **January 1 to March 31 of each year**. You must submit all of the check off items listed below in the time provided to you or you will have to wait until the next open enrollment period.

Name of Applicant	Date

Your application for Kashia Enrollment will not be accepted unless you have ALL of the following:

- o Complete Application- Family Tree filled out completely
- o Birth Certificate- State issued copy
- o Social Security Card- Copy
- A Government issued picture ID, to serve as valid proof of identity (excluding minors)

If Applicable:

- o Proof of relinquishment from another Tribe or Band
- o Amended birth certificate
- Legal adoption or guardianship records
- Valid power of attorney documentation
- Legal emancipation documentation

Please return all documentation to the Enrollment Officer at the Tribal Office

Stewarts Point Rancheria 1420 Guerneville Rd., Ste. 1 Santa Rosa, CA 95401 707-591-0580, Fx. 707-591-0583

KASHIA BAND OF POMO INDIANS OF THE STEWARTS POINT RANCHERIA

DATE		SEC1	ION	l – F	PERSO	NAL DA	TA	
DATE: APPLYING FOR:		– I Reg	ular I	Viem	ıbersh	ip		
NAME OF APLICANT:			Last			First	MI	Maiden
OTHER NAMES: (by which you are known)					ne i se dimed 550.	First	MI	Maiden
PRESENT ADDRESS:			ya (200-20-20)			Address	1 XVII 11	
1444 NO ADDDESO				Cit	у		State	Zip
MAILING ADDRESS: (If different from above)						Address	2011	
			-	Cit	у		State	Zip
DATE OF BIRTH:					_	SEX(☑):	□ Ма	le
PHONE NUMBER #:			S H - 123					
SOCIAL SECURITY #:								
MARITAL STATUS(☑):		Single			Married		Divorced	☐ Widow(er)
SPOUSE NAME (present/former)			Last			First	MI	Maiden
STUDENT? (☑)		Yes			chool: _	1.00		
WHY DO YOU WANT TO	BE	No COME A				ol Attended		MO INDIANS?

KASHIA BAND OF POMO INDIANS OF THE STEWARTS POINT RANCHERIA

SECTION IA - PERSONAL DATA

APPLICANT:								
THIS SECTION DOES NOT AUTOMATICALLY ENROLL YOUR CHILD. Separate applications must be filed.								
1.	NAME OF CHILD:	Last	First			B 41		
	DATE OF BIRTH:	Lasi	SEX(☑):		Male	МІ	Female	
2.	NAME OF CHILD:	Last	First		47	Mi		
	DATE OF BIRTH:		SEX(☑):		Male		Female	
3.	NAME OF CHILD:	Last						
	DATE OF BIRTH:	Last	First SEX(☑):		Male	МІ	Female	
4.	NAME OF CHILD:							
	DATE OF BIRTH:	Last	First SEX(☑):		Male	МІ	Female	
5.	NAME OF CHILD:							
	DATE OF BIRTH:	Last	First SEX(☑):		Male	МІ	Female	
6	NAME OF CHILD:		, , ,					
0.	NAME OF CHIED.	Last	First			MI		
	DATE OF BIRTH:		SEX(☑):		Male		Female	
7.	NAME OF CHILD:	Last	First			MI		
	DATE OF BIRTH:		SEX(☑):		Male		Female	

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Tribal Affiliation

SECTION II- QUALIFYING DATA- FAMILY TREE

SECTION IIA – QUALIFYING DATA

1.	Are you currently an enrolled member of another Tribe or Band?		Yes	☐ No
	If yes, give name and location of the Tribe or Band			
2.	In order that you may be granted membership with the KASHIA BANE THE STEWARTS POINT RANCHERIA, do you fully understand and a membership rights with any other tribe or band with which you are affi	agree to liated?	MO INI relinqu Yes	DIANS OF ish your
3.	If you have shared in the assets of another tribe or band, have inherite other way affiliated with another Tribe or Band, please explain fully: or	d interes	sts, or a	are in any e
-				
	Have you ever been denied membership with another Tribe or Band? If yes, please explain:		Yes	□ No
e -				
	CERTIFICATION			
i → an e >xclu	eby certify that the information given under Sections I, II, and IIA is true pledge and belief. I agree that I have read and understand that the proven enrollment application may result in a denial of membership or disense is sion from the Reservation, a requirement to repay to the Tribe any and yed from or through the Tribe, and such other penalties as may be deficil.	vision of ollment, p	false in permar	formation nent
		alleria.		
	Printed Name of Applicant Signature Parent, Guardian	or Represe	ntative (fo	or applicant)