TRIBAL ENROLLMENT CHECK OFF SHEET

NOTE: Kashia Tribal Enrollment 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
  o 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
  o Legal adoption or guardianship records
  o Valid power of attorney documentation
  o 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
SECTION I – PERSONAL DATA

DATE: ____________________

APPLYING FOR:  □ Regular Membership

NAME OF APPLICANT: ____________________

Last  First  MI  Maiden

OTHER NAMES: ____________________
(by which you are known)

Last  First  MI  Maiden

PRESENT ADDRESS: ____________________

Address

City  State  Zip

MAILING ADDRESS: ____________________
(If different from above)

Address

City  State  Zip

DATE OF BIRTH: ____________________  SEX(☐):  □ Male  □ Female

PHONE NUMBER #: ____________________

SOCIAL SECURITY #: ____________________

MARITAL STATUS(☐):  □ Single  □ Married  □ Divorced  □ Widow(er)

SPouse NAME (present/former) ____________________

Last  First  MI  Maiden

STUDENT? (☐)  □ Yes  Name of School: ____________________

□ No  Name of Last School Attended: ____________________

WHY DO YOU WANT TO BECOME A MEMBER OF THE KASHIA BAND OF POMO INDIANS?

__________________________________________________________

__________________________________________________________

__________________________________________________________

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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 MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female

2. NAME OF CHILD: ___________________________ Last First MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female

3. NAME OF CHILD: ___________________________ Last First MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female

4. NAME OF CHILD: ___________________________ Last First MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female

5. NAME OF CHILD: ___________________________ Last First MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female

6. NAME OF CHILD: ___________________________ Last First MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female

7. NAME OF CHILD: ___________________________ Last First MI
   DATE OF BIRTH: ___________________________ SEX(☐): ☐ Male ☐ Female
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 BAND OF POMO INDIANS OF
   THE STEWARTS POINT RANCHERIA, do you fully understand and agree to relinquish your
   membership rights with any other tribe or band with which you are affiliated?  □ Yes  □ No

3. If you have shared in the assets of another tribe or band, have inherited interests, or are in any
   other way affiliated with another Tribe or Band, please explain fully:  □ Mark  □ None
   ________________________________________________________________
   ________________________________________________________________

4. Have you ever been denied membership with another Tribe or Band?  □ Yes  □ No
   If yes, please explain:
   ________________________________________________________________

CERTIFICATION

I hereby certify that the information given under Sections I, II, and IIA is true to the best of my
knowledge and belief. I agree that I have read and understand that the provision of false information
in an enrollment application may result in a denial of membership or disenrollment, permanent
exclusion from the Reservation, a requirement to repay to the Tribe any and all assets and benefits
received from or through the Tribe, and such other penalties as may be defined by the General
Council.

_________________________  ________________________________
Printed Name of Applicant  Signature Parent, Guardian or Representative (for applicant)