



GILA RIVER INDIAN COMMUNITY

SACATON, AZ 85147

Enrollment/Census Department
Post Office Box 97
(520) 562-9790
Fax: (520) 562-8103

Petition for Membership Form

Petitioner's Name – Last, First, Middle		Jr. Sr. etc.	Date of Birth
Mailing Address	City	State	Zip Code

Completed By: Applicant Parent/Guardian Other

I am petitioning for membership into the Gila River Indian Community on behalf of myself or another. (Provide Statement)

Check all that apply for Petitioner:

- One-fourth (1/4) or more Indian blood quantum.
- Biological parent is enrolled with the Gila River Indian Community.
- Relinquished my membership from another tribe and submitted proof of the relinquishment.
- Parent relinquished my membership with the Gila River Indian Community as a minor.
- Currently living on the Gila River Indian Reservation in District _____.
- Currently working on the Gila River Indian Reservation for (employer) _____.

I attest the foregoing statements regarding this Petition for Membership are true.

Print Name _____

Print Relationship _____

Signature _____

Date _____

Notary Section

STATE OF _____)
County of _____)

On this _____ day of _____, 20_____, before me personally appeared and providing satisfactory evidence to be the person whose name is subscribed to this document, acknowledged that he/she signed this Petition.

MY COMMISSION EXPIRES:

NOTARY PUBLIC _____