



GILA RIVER INDIAN COMMUNITY

SACATON, AZ 85147

Enrollment/Census Department

Post Office Box 97

(520) 562-9790

Fax: (520) 562-8103

NON-MEMBER REGISTRATION

NOTICE:

In accordance with the Gila River Indian Community Code § 8.903, all non-members of the Community who reside within the Gila River Indian Reservation, who are eighteen (18) years of age or older are required to register with the Enrollment Department by July 01, 2018 and must renew their registration with the Enrollment Department by January 31 of each year. If any of the information provided on this form changes, it must be reported to the Enrollment Department within thirty (30) days after the change.

| | | | |
|--|-----------------------------|----------------------------------|--------------|
| Registrant's Name | Jr., Sr., Etc. | Date of Birth | Gender |
| Telephone Number | Maiden Name (If Applicable) | Other Names Used (If Applicable) | |
| Mailing Address | City | State | Zip District |
| Physical Address (If different from Mailing Address) | City | State | Zip District |

Please check one of the following that best describes your status: *(for statistical purposes only)*

- | | |
|--|---|
| <input type="checkbox"/> Spouse of a Community member | <input type="checkbox"/> Eligible for enrollment into the Community |
| <input type="checkbox"/> Non-member who owns a valid interest in real property located on the GRIC reservation | <input type="checkbox"/> Other: (Please provide brief statement) _____ |
| <input type="checkbox"/> Non-member parent of a Community member child under the age of 18 years | _____ |

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.

Registrant's Signature: _____ Date: _____

Notarization is required if form is mailed, faxed or submitted by third party

STATE OF _____)
County of _____)
Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20_____.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

ENROLLMENT DEPARTMENT USE ONLY

- New Registration Change of Information Annual Renewal

Received by/Notes: _____ Date: _____