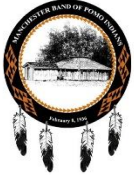


# Manchester Point Arena Band of Pomo Indians



P.O. Box 623, Point Arena, CA 95468

◆Tele (707) 882-2788 ◆Fax (707) 882-3417

Email: [Receptionist@mpapomotribe.org](mailto:Receptionist@mpapomotribe.org)

Date of Application: \_\_\_\_\_ On behalf of  Self  Minor Type of Membership:  Regular  Adoptive

## Section I – Personal Data

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_  
(City) (State) (Zip) (Telephone)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Sex:  Female  Male  
(City) (State) (County)

Marital Status:  Married  Single  Divorced  Widowed  Partnered

Name of Present Spouse/Partner: \_\_\_\_\_ Tribe: \_\_\_\_\_

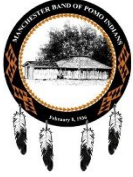
Other name(s) by which you are known: \_\_\_\_\_

## Eligibility

The membership of the Manchester/Pt. Arena Band of Pomo Indians shall consist of:

- (a) Those living persons of Indian blood whose names appear on the "Approval List of Voters for the Constitution at the Manchester Rancheria" approved January 25, 1936 by Roy Nash, Superintendent, Sacramento Indian Agency.
- (b) Those living persons of Indian blood whose names appear on the "Approved List of Children of the Manchester Rancheria (under 21), 1935-1936" approved by the Community Council, November 14, 1936.
- (c) All living descendants of people eligible for membership under (a) or (b) above, regardless of whether the ancestor through whom eligibility is claimed is living or deceased.
- (d) Persons who meet the requirements of a, b and c above, shall be ineligible for membership if they have been affiliated with any other tribe, band or group to the extent of being included on a formal membership roll, have received an allotment or formal assignment of land or have been named as a distribute or dependent family member of a distribute in a reservation distribution plan.

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## Section II – Qualifying Data

Are the names of your lineal ancestors (natural parents or lineal grandparents, grandparents, etc.) listed on the census of Indians included in a letter dated January 25, 1936 by Roy Nash, Superintendent, Sacramento Indian Agency of the “Approved list of voters for the Constitution at Manchester Rancheria and ratified by the Community Council on November 14, 1936.  YES  NO  I don't know

If yes, please give name and relationship of ancestor \_\_\_\_\_

Are you presently enrolled as a member of any other Tribe or Band?  YES  NO  I don't know

If yes, give the name and location of the Tribe or Band \_\_\_\_\_

Does your name appear on an Indian Census Roll?  YES  NO  I don't know

If yes, please give name and date of enrollment and roll number (if known) \_\_\_\_\_

Have you ever been denied membership with another Tribe or Band?  YES  NO  I don't know

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you shared in the assets of another Tribe or Band, inherited interests, voted in elections, or are in any way affiliated with another Tribe or Band?  YES  NO  I don't know

If yes, give name of Tribe or Band, explain: \_\_\_\_\_

Have you received Training, Employment, or Housing Assistance through the Bureau of Indian Affairs while affiliated with another Tribe or Band?

YES  NO  I don't know

yes, please explain: \_\_\_\_\_

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## Section III – Supporting Documents

In order that you may be granted membership with the Manchester/Point Arena Band of Pomo Indians, do you fully understand the meaning of and herein agree to relinquish to the extent necessary, your membership rights with any other Tribe or Band with which you are affiliated?

Yes  NO

If no, state your objection(s): \_\_\_\_\_

\_\_\_\_\_

**Supporting Documents.** (Enrollment Ordinance Section I and/or II) the burden of proof of eligibility is the responsibility of the applicant. Supporting documents may include Birth Certificates, Baptismal Certificates, Social Security Card, and/ or Personal Identification. Copies of original documents will be included with the application. Applications shall be filed and remain with Manchester/Pt. Arena Rancheria.

### Certification

I, \_\_\_\_\_, hereby certify that the information given under Section I, Section II, are correct and true to the best of my knowledge and belief. I further understand that if any or part of the information I have submitted on this application is false, that my application for membership in Manchester/Pt. Arena Rancheria shall immediately be denied.

\_\_\_\_\_  
Signature of Applicant (for Applicant)

\_\_\_\_\_  
Signature of Enrollment Committee Chairperson

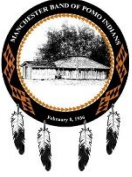
\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

### Official Use Only- Enrollment Committee Action:

Approved     Reject     Request more information    Document(s)  Complete     Incomplete    Initial \_\_\_\_\_

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## Section IV – Action by the Tribe/Band

We, the undersigned members of the \_\_\_\_\_  
(Enrollment Committee, or other appropriate committee or tribal body)

Hereby certify that this application for membership was received on \_\_\_\_\_ 20\_\_\_\_ and that the information contained therein, and all supplemental information otherwise presented, has been evaluated and that the applicant is hereby determined:

\_\_\_ Eligible for membership under the authority of \_\_\_\_\_

\_\_\_ Ineligible because \_\_\_\_\_

Based on the above determination, as of \_\_\_\_\_ 20\_\_\_\_, this application for membership is hereby:

\_\_\_ Approved  
\_\_\_ Disapproved

Information concerning appeal rights, relative to the above determination, to which the applicant may be entitled, shall be made available to applicant upon their request.

The applicant shall be advised of this decision no later than \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**Signature (Enrollment Committee)**

\_\_\_\_\_  
**Signature (Tribal Secretary)**

\_\_\_\_\_  
**Signature (Tribal Chairperson)**

# Family Lineage Chart

Date ___/___/___		Grandfather _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Great Grandfather _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___
Name _____  Tribe _____  Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Father _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Grandmother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Great Grandmother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___
Spouse _____	Grand Children _____ _____ _____ _____ _____ _____ _____	Grandfather _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Great Grandfather _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___
Children _____ _____ _____ _____ _____	Mother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Grandmother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Great Grandmother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___
Brothers/Sisters _____ _____ _____ _____ _____ _____ _____	Maiden/Married/AKA/Name(s) _____ _____	Grandfather _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Great Grandfather _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___
_____	_____	Grandmother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___	Great Grandmother _____ Tribe _____ Tribal/Roll # _____ DOB ___/___/___ DOD ___/___/___

Great Great Grandfather \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandmother \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandfather \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandmother \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandfather \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandmother \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandfather \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_

Great Great Grandmother \_\_\_\_\_

Tribe \_\_\_\_\_

Tribal/Roll # \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ DOD \_\_\_/\_\_\_/\_\_\_