



YERINGTON PAIUTE TRIBE  
 171 Campbell Lane  
 Yerington, NV 89447  
 Phone: (775) 463-3301  
 Fax: (775) 463-2416

**APPLICATION FOR MEMBERSHIP**

Application Fee: \$10.00. Please do not send cash – check or money order only  
Make checks payable to the Yerington Paiute Tribe.

I hereby apply for membership in the Yerington Paiute Tribe.

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Last First Middle Maiden

Mailing Address: \_\_\_\_\_ Social Security: \_\_\_\_\_  
 Street or Post Office Box

City/Post Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City/Post Office State Zip Code

Natural Father: \_\_\_\_\_ If Indian, list Reservation & Roll #: \_\_\_\_\_  
 Last First Middle

Natural Mother: \_\_\_\_\_ If Indian, list Reservation & Roll #: \_\_\_\_\_  
 Last First Middle Maiden

Have you ever been legally adopted? (Applicant) Yes \_\_\_\_\_ No \_\_\_\_\_

List any aliases: \_\_\_\_\_

Which Yerington Paiute Tribe ancestor are you claiming enrollment rights through for membership?  
 Enrollment \_\_\_\_\_ or

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Census #: \_\_\_\_\_

Are you an enrolled member or any federally recognized Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been terminated or disenrolled from any federally recognized Tribe?  
 When? \_\_\_\_\_ Where? \_\_\_\_\_

**FAMILY TREE:** Complete the family tree on the reverse side listing all persons.

**RECENT PHOTO:** Any size acceptable. This will be used on your enrollment card after approval.

**BIRTH CERTIFICATE:** Return with a State or County Health/Vital Statistics Birth Certificate with original seal. NO copies, birth abstracts, or hospital birth records are accepted. This record will be returned to you with your notice of approval or denial.

**I, BEING THE APPLICANT OR LEGAL GUARDIAN, SOLEMNLY SWEAR THAT ALL INFORMATION PROVIDED IS ACCURATE AND CORRECT AND THAT ANY MISREPRESENTATION OF FACTS IS GROUNDS FOR DENIAL OR TERMINATION IF MEMBERSHIP IS GRANTED.**

I understand that the information given is necessary to determine eligibility for enrollment with the Yerington Paiute Tribe. The information provided will be used by the Enrollment Clerk to verify my eligibility.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_