



# Walker River Paiute Tribe

1022 Hospital Road • P.O. Box 220 • Schurz, Nevada 89427  
 Telephone: (775) 773-2306  
 Fax: (775) 773-2585

## APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Walker River Paiute Tribe

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Last First Middle Maiden  
 Mailing Address: \_\_\_\_\_ Social Security: \_\_\_\_\_  
 City/Post Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ANCESTRY:

Natural Father: \_\_\_\_\_ If Indian list Reservation and Roll Number: \_\_\_\_\_  
 Last First Middle  
 Natural Mother: \_\_\_\_\_ If Indian list Reservation and Roll Number: \_\_\_\_\_  
 Last First Middle Maiden

Have you ever been adopted? (Circle applicable answer) NO YES

Which 1906 Original Allottee, or 01/01/1935 Walker River Census Listing are you claiming Enrollment Rights through for membership?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Allotment/Census Number: \_\_\_\_\_

### ELIGIBILITY: (Circle the appropriate answer)

Do you have land (allotted or assignment) on any other reservation besides the Walker River Indian Reservation? NO YES  
 Are you an enrolled member of any federally recognized Tribe? NO YES  
 If YES, what Tribe/Reservation: \_\_\_\_\_

### FAMILY TREE:

Complete the Family Tree on reverse, listing all persons whether or not they are Indian.

### BIRTH CERTIFICATE:

Return with a State or County Health/Vital Statistics Birth Certificate with Original Seal. No Birth Abstracts are accepted. This record will be retained in your permanent record whether accepted or not.

### CERTIFICATION:

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 TERMINATION OF MEMBERSHIP IF ACCEPTED.

\_\_\_\_\_  
 SIGNATURE PRINTED NAME RELATIONSHIP DATE