

APPLICATION FOR MEMBERSHIP ~ HOPLAND BAND OF POMO INDIANS

SECTION I: QUALIFYING DATA

1. Name: _____
Last Middle First Maiden (if female)
2. Address: _____
Number Street City Zip Code
3. Sex: Male Female 4. Date of Birth: ____/____/____
5. Place of Birth: _____ 6. Soc. Sec. #: ____/____/____
City State
7. Marital Status: Married Single Divorced Widowed 8. Name of Spouse: _____
9. Are you now an enrolled member of a Federally Recognized Indian Tribe or Band? Yes No
 If YES, give name and location of Tribe or Band: _____
10. Please read the following membership information carefully and select the corresponding letter that best describes your decent (see below). **Choose only one letter which best indicates your eligibility for membership and enter appropriate letter here _____.**

Membership of the Hopland Band of Pomo Indians shall be:

- A. All persons of Hopland Band Indian descent who were listed as distributtees or dependent members of distributtees in the Hopland Rancheria Plan for the Distribution of the Assets of the Hopland Reservation as approved by the Secretary on May 22, 1961.
- B. All lineal descendants of any person of Hopland Band Indian descent whose name appears as a distributtee or dependent member of a distributtee on the Plan for the Distribution of Assets of the Hopland Reservation as approved by the Secretary on May 22, 1961.
- C. All persons of Hopland Band Indian descent who have ever leased, owned, received, or were assigned land on the Hopland Reservation.
- D. All other persons of Indian descent, who can to the satisfaction of the general council, demonstrate a substantial connection with the Hopland Reservation.

11. A copy of your social security card and original birth certificate from the county records office must be submitted to avoid delays in the processing of membership application.

Certification: The information given on this application is true to the best of my knowledge and belief.

Signature of Applicant _____ Date _____
(If under 18 years, signature of parent or guardian) (Guardian papers must be attached).

TO BE COMPLETED BY TRIBAL OFFICIALS

____ Approval ____ Disapproval ____ Dis-enrolled ____ Relinquished
Date Date Date Date

Chairperson Signature _____ Date _____

TRIBAL SEAL

Section 2-1.100 Loss of Membership ~ The following shall be grounds for loss of membership: A) A person obtained membership through error, fraud, deceit or misrepresentation. B) A person enrolled or received an assignment of land with other Tribe or Band without relinquishing his/her membership with the Hopland Band of Pomo Indians. C) A person obtained enrollment through a person dis-enrolled under (A) of this section 2-1.100 and does not otherwise meet the requirements for membership,

Distributee:

1. NAME DOB: Tribe/Reservation: Roll No.	2. FATHER (of no. 1) DOB: Tribe/Reservation: Roll No.	3. MOTHER (of no. 1) DOB: Tribe/Reservation: Roll No.
4. FATHER (of no. 2) DOB: Tribe/Reservation: Roll No.	5. MOTHER (of no. 2) DOB: Tribe/Reservation: Roll No.	6. FATHER (of no. 3) DOB: Tribe/Reservation: Roll No.
8. FATHER (of no. 4) DOB: Tribe/Reservation: Roll No.	9. MOTHER (of no. 4) DOB: Tribe/Reservation: Roll No.	10. FATHER (of no. 5) DOB: Tribe/Reservation: Roll No.
16. FATHER (of no. 8), DOB Tribe/Reservation:	17. MOTHER (of no. 8), DOB Tribe/Reservation:	18. FATHER (of no. 9), DOB Tribe/Reservation:
19. MOTHER (of no. 9), DOB Tribe/Reservation:	20. FATHER (of no. 10), DOB Tribe/Reservation:	21. MOTHER (of no. 10), DOB Tribe/Reservation:
22. FATHER (of no. 11), DOB Tribe/Reservation:	23. MOTHER (of no. 11), DOB Tribe/Reservation:	24. FATHER (of no. 12), DOB Tribe/Reservation:
25. MOTHER (of no. 12), DOB Tribe/Reservation:	26. FATHER (of no. 13), DOB Tribe/Reservation:	27. MOTHER (of no. 13), DOB Tribe/Reservation:
28. FATHER (of no. 14), DOB Tribe/Reservation:	29. MOTHER (of no. 14), DOB Tribe/Reservation:	30. FATHER (of no. 15), DOB Tribe/Reservation:
31. MOTHER (of no. 15), DOB Tribe/Reservation:		