



CHEMEHUEVI ENROLLMENT DEPARTMENT

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ENROLLMENT APPLICATION

Person eligible for enrollment in the Tribe.

Any applicant who is direct lineal descendant of a Chemehuevi Base Enrollee from the January 9, 1993, Roll.

Applicant's Full Name (as shown on Social Security Card)

Blood Quantum _____ / _____ Sex: Male or Female

Date of Birth _____ / _____ / _____ Social Security No. _____

Place of Birth _____, _____, _____
City State County

Mailing Address _____
Street Address/P.O. Box No.

_____, _____, _____
City State Zip-Code

Cell Phone No. _____ Alternate No. _____ Email Address _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE APPROPRIATE ANSWER

- Applicant is an adopted child: YES or NO
If YES, Name of Adopted Parents _____
- Applicant is an enrolled member of another Tribe: YES or NO
If YES, Tribal Affiliation & Number _____
- Applicant is a direct lineal descendant of a BASE enrollee of the Chemehuevi Indian Tribe: YES or NO
If YES, Name of Base Enrollee _____, Roll No. _____
Relationship _____

Signature of Applicant _____ Date _____

Signature of Sponsor for Applicant _____ Date _____

Sponsor's Relationship to Applicant _____

Please see attached guidelines regarding sponsors and signatures.

APPLICATION REQUIREMENTS
SUBMIT ORIGINAL OR NOTARIZED COPY OF APPLICANTS BIRTH CERTIFICATE AND SOCIAL SECURITY CARD & OTHER LEGAL DOCUMENTS

Date Received _____, By: _____