

**AGNES GONZALEZ**  
TRIBAL CHAIRPERSON

**IDA RIGGINS**  
VICE-CHAIRPERSON

**JOLIE GEORGE**  
TRIBAL SECRETARY



**PIT RIVER TRIBE**  
**ENROLLMENT DEPT.**  
**36970 PARK AVE**  
**BURNEY CA 96013**

**PHONE:**  
**(530) 335-5421 EXT. 2020**

**ELEVEN AUTONOMOUS BANDS**

**18 AND OLDER ENROLLMENT UPDATE APPLICATION**

**ATWAMSINI**

**ATSUGEWI**

**ASTARIWI**

**APORIGE**

**AJUMAWI**

**HAMMAWI**

**HEWISEDAWI**

**ILLMAWI**

**ITSATAWI**

**KOSEALEKTE**

Upon the age of 18, enrolled Pit River Tribal members become eligible to become a qualified voter of the Pit River Tribe. To vote or run for office for the Pit River Tribe the following must be on file with the Tribal Secretary:

1. Updated enrollment application must include:
  - \*Applicant desires to become a member of the Pit River Tribe.
  - \*Applicant is not and has not been a member of any other Indian Tribe.
  - \*Family tree must be on file that qualifies the applicant for enrollment.
2. Completed Voter Registration form. Must be complete 15 days prior to the election you would like to vote in.
3. If the member is eligible for enrollment in more than one Band of the Pit River Tribe. The member must select which Band they choose to be enrolled in. If they chose to change Bands, a new enrollment application must be completed and the application will go forward to the desired Band for acceptance into that Band. An applicant may not be enrolled in more than on Band at any time.
4. Band Membership is required to be eligible to serve as a Band Council, and to vote in Band elections.

**A COMPLETE ENROLLMENT APPLICATION INCLUDES:**

1. Complete Enrollment application with all required signature(s):
2. Complete Family Tree.
 

*NOTE: It is your responsibility as a tribal member to know and fill out your family tree.  
Your application will not be accepted if our family tree for is incomplete.*
3. Your Original Birth Certificate (No copies or hospitals birth certificates will be accepted)
4. Copy of your Social Security Card, to receive revenue share.
5. Copy of your Driver's License or State Identification. May need to identify self.
6. Complete Voter Registration form for Annual Tribal Election held in August.
7. Updated address
8. Copy of your marriage certificate, if married. For last name change.
9. Submit a picture for your profile.

***\*If you fail to complete and return this information it may delay your revenue checks and/or services from the Tribe.***

For any questions you may contact: **Jolie George, Pit River Tribal Secretary**  
**Phone: (530) 335-5421 EXT 2020**  
**Email: [secretary@pitrivertribe.org](mailto:secretary@pitrivertribe.org)**

**MADESI**

36970 Park Ave  
Burney CA 96013

PLEASE PRINT LEGIBLE:

(530) 335-5421

APPLICANT NAME:

\_\_\_\_\_  
( )  
FIRST: MIDDLE: LAST: MAIDEN NAME:

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
S.S.N. \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
( ) CELL: ( ) MSG: ( )

EMAIL ADDRESS: \_\_\_\_\_

I desire to be enrolled with the PIT RIVER TRIBE and declare under penalty of perjury under the Laws of the Pit River Tribe that the facts contained are true and correct. IF YOU ARE UNABLE TO WRITE, PLEASE HAVE A WITNESS VERIFY YOUR MARK

\_\_\_\_\_  
SIGNATURE DATE:

\_\_\_\_\_  
SPOUSE NAME: DATE:  
*If filling this form out for you or your children.*

\_\_\_\_\_  
WITNESS DATE:

Family Tree Chart  
NR-02 (a)

<p>APPLICANT NAME _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>	<p>MOTHER (MAIDEN NAME) _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>	<p>MATERNAL GRANDMOTHER (MAIDEN NAME) _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>	<p>FATHER _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>
<p>PATERNAL GRANDMOTHER (MAIDEN NAME) _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>	<p>MATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>	<p>MATERNAL GREAT GRANDFATHER _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>	<p>PATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____</p> <p>DATE OF BIRTH _____</p> <p>TRIBE _____</p> <p>BAND _____</p> <p>DEGREE OF INDIAN _____</p> <p>BLOOD _____</p>
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**NOTICE: VOTER REGISTRATION REQUIREMENTS FOR ELECTION OF PIT RIVER TRIBE**

In accordance with the Constitution of the *Pit River Tribe* and the *Pit River Tribal Enrollment Ordinance* No. 88-1 and Election Ordinance No. 88-2 set forth before is a summary of voter qualifications. (The Constitution and ordinances of the *Pit River Tribe* may be reviewed at the *Pit River Tribal Office*.)

**VOTER QUALIFICATIONS:**

1. Duly enrolled member of the *Pit River Tribe* who is not enrolled with any other tribe, band or group of federally recognized Indians and has not relinquished membership in the *Pit River Tribe* not been disenrolled for any reason.
2. Eighteen (18) years of age or older by the date of the next tribal election.
3. Duly registered as a voter of the *Pit River Tribe*.

**ENROLLMENT PROCEDURE:**

An eligible applicant may enroll as a member of the *Pit River Tribe* by completing and submitting to the tribal enrollment committee enrollment applications forms. Forms are available upon request at the tribal office.

Persons eligible to enroll include persons accepted into tribal membership under the constitution of the 1964; persons listed by the BIA as eligible to vote on the 1983 Constitution: Persons listed on the 1928 Census as the *Pit River Indian* and of at least  $\frac{1}{4}$  *Pit River Blood*: any child born to an enrolled member of the *Pit River Tribe*, regardless of the blood quantum. Enrollment in any other federally recognized tribe disqualifies an otherwise eligible person from eligibility for membership.

**REGISTRATION PROCEDURE:**

An enrolled member of the *Pit River Tribe* who is or will be 18 years of age or older by the next tribal election is eligible to vote in that election and all subsequent elections by completing **AFFIDAVIT OF REGISTRATION**. All information requested on the registration form must be supplied for registration to be valid.

Once you have registered to vote you are eligible to vote in all tribal elections and do not have to register unless your membership has been suspended for any reason (relinquishment or disenrollment), or you wish to change the autonomous band which you are registered as a member.

36970 Park Ave  
Burney CA 96013  
(530) 335-5421

PLEASE PRINT ALL INFORMATION:

**AFFIDAVIT FOR REGISTRATION**

(Registration form for voting in elections of the *Pit River Tribe*

Pit River Tribal Election Ord. Art. I, &202)

I, \_\_\_\_\_, **HEREBY CERTIFY AS FOLLOWS:**

1. I am a duly enrolled member of the *Pit River Tribe*.
2. I am not enrolled with any other tribe, band, or group of federally recognized Indians and have not relinquished membership in the *Pit River Tribe* nor have been dis-enrolled for any reason.
3. My date of birth is \_\_\_\_\_, and I am or will be eighteen (18) years of age by the date of the next *Pit River Tribal Election*.
4. I am eligible for membership in the \_\_\_\_\_ band, autonomous band of the *Pit River Tribe* and request that I be registered as a member of the said band. I understand that if I am eligible for registration in another band and wish to change my affiliation, I must register in order to do so. (Election Ord. Art I &102, Art.II &201)
5. I provide the following mailing address as the address where any of my election notice(s) or other communication should be directed, unless, a different address is provided by me to the tribal registrar in writing. **(PLEASE PRINT)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT, EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_,**  
DAY MONTH YEAR

AT \_\_\_\_\_,  
CITY STATE

SIGNATURE: \_\_\_\_\_

VOTER registration form

