



**Lamar Keevama
CHAIRMAN**

Mikah Kewanimpewa Sr.
VICE-CHAIRMAN

Attached you will find an Application for Hopi Membership. Please complete the application as accurately and completely as possible. Upon returning your application, you must attach the following:

- **Copy of the applicant's certified birth certificate**
- **Copy of the applicant's social security card.**

An applicant is eligible for membership into the Hopi Tribe if he/she meets the following criteria of the Hopi Tribal Constitution and By-Laws, ARTICLE II – MEMBERSHIP, SECTION 2:

- (a) All persons of one-fourth (1/4) degree Hopi Indian blood or more, or one-fourth (1/4) degree Tewa Indian blood and more, or one-fourth (1/4) degree Hopi-Tewa Indian blood or more combined, born after December 31, 1937, who are not enrolled with any other Tribe.
- (b) Hopi Indian blood, Tewa Indian blood, and Hopi – Tewa Indian blood shall mean biological lineal descent from any Hopi or Tewa Indian person whose name appears on the Corrected Membership Roll of the Hopi Tribe.

****Hopi Tribal Ordinance #33, Section 13: Dual Enrollment is NOT Permitted:**

The Hopi Tribal Council shall not approve an application for enrollment if the applicant is an enrolled member of another Tribe.

After the Hopi Enrollment Office has determined that the membership criteria is met, and all the required supporting documents have been received to complete the application, request for membership will then be recommended to the Hopi Tribal Council for approval.

You may mail/email the completed application to:

The Hopi Tribe Enrollment Office or CWright@hopi.nsn.us
P.O. Box 123
Kykotsmovi, AZ 86039

Please feel free to contact the Enrollment Office with any questions at (928) 734-3152 or (928) 734-3151.

MEMBERSHIP APPLICATION INSTRUCTIONS

Applicant Information

Name: _____ Write name which will be used in recording the membership. If married, indicate if application is to be processed under the married or maiden name.

Mailing Address: Provide mailing address.
Please report any address changes immediately to the Enrollment Office.

Telephone: _____ Provide area code and number of home, work, or other location where you may be reached.

Date of Birth: Indicate month, day and year when the applicant was born.

Birth Place: Indicate City and State where the applicant was born.

Social Security No.: Applicant must provide a copy of their Social Security card.

Enrolled with another Tribe? Check: (Yes) or (No). If Yes, indicate the tribe and the assigned Enrollment number.

Hopi Village Affiliation:	Indicate the applicant's village affiliation. The Hopi Villages are:		
	<u>First Mesa</u>	<u>Second Mesa</u>	<u>Third Mesa</u>
	Tewa	Shungopavi	Moenkopi (Upper or Lower)
	Sichomovi	Sipaulovi	Bacavi
	Walpi	Mishongnovi	Oraibi
			Kykotsmovi
			Hotevilla.

Degree of Blood: Indicate by fraction(s) the Blood Quantum of the applicant.

Information on Applicant's Biological Parents

Name: Indicate applicant's Biological mother and father's name.

Enrolled/Tribe: If Biological parents are enrolled with another Tribe, provide copy of Certificate of Indian Blood from other Tribe or Enrollment number.

Degree of Blood: Indicate by fraction(s) the Blood Quantum of applicant's Biological mother and father.

Information on Applicant's Adoptive Parents (if applicable)

Name: Indicate applicant's adoptive mother and father's name.

Hopi Village Affiliation Indicate the Hopi village affiliation of the adoptive parents; if they are not Hopi, indicate their Tribe's agency or nationality.

If adopted, applicant must provide copies of all documents.

Information on Applicant's Natural Grandparents

Name: Indicate the applicant's Biological grandmother and grandfather.

Clan: Indicate their clans, if applicable

Village/Other Agency: Indicate their Hopi Village affiliation. If they are not Hopi, indicate their Tribe or nationality.

Required Supporting Documents:

- Certified Birth Certificate:** A copy of the certified State birth certificate with natural birth parents is required.
- Social Security Card:** A copy of the Social Security card is required.
- Marriage Certificate or Affidavit of Hopi Marriage:** A marriage certificate or affidavit of Hopi marriage must be provided if an application is to be processed under the married name.
- Adoption Records:** Legal Adoption records showing the names of natural parents must be provided, since eligibility for membership is based on the biological lineal descent from a Hopi or Tewa Indian person whose name appears on the Corrected Membership Roll of the Hopi Tribe.
- Verification of Enrollment Status:** If the applicant's degree of Indian blood includes other Tribe(s), written verification must be submitted from those Tribe(s) verifying Enrollment.
- Relinquishment Statement:** If the applicant is enrolled with another tribe, a relinquishment statement from the other tribe must be received before the Hopi Enrollment/Membership becomes final. **Dual Enrollment is not allowed.**

APPLICATION FOR HOPI MEMBERSHIP

Information on Applicant

APPLICANT'S NAME:

First: _____ Middle: _____ Last: _____ Maiden: _____

List other names known by: _____

Mailing Address: _____

Box or Street _____ City _____ State _____ Zip _____

Telephone #: hm. () _____ cell () _____ Email: _____

Date of Birth: _____ SS#: _____ Birthplace: _____

City _____ State _____

Sex: M / F

If the minor child is a ward of the Court, please list the name of the Court and attach relevant court order.

Name and Address of the legal Custodian: _____

Is Applicant enrolled or pending enrollment with another Tribe? Yes No If yes, list Tribe(s)/Blood degree for each Tribe:

What is the Applicant's degree of Hopi blood? _____ What is the Applicant's clan? _____

Hopi Village Affiliation: _____ Non-Indian/Nationality: _____

NOTE: VILLAGE AFFILIATION INFORMATION IS GATHERED FOR TRIBAL ENROLLMENT PURPOSES ONLY AND DOES NOT ESTABLISH OR PROVE THE APPLICANT'S VILLAGE AFFILIATION AND/OR MEMBERSHIP. PURSUANT TO THE HOPI TRIBE'S CONSTITUTION, ARTICLE II, SECTION 4: "VILLAGE MEMBERSHIP SHALL BE DETERMINED BY THE INDIVIDUAL HOPI VILLAGES."

Information on Applicant's Natural Parents

Biological Mother's Name:

First: _____ Middle: _____ Last: _____ Maiden: _____

List other names known by: _____

Enrolled in Hopi Tribe? Yes No Degree of Hopi Blood: _____ Enrollment #: _____

Village affiliation: _____ Mother's Clan: _____

If not enrolled in the Hopi Tribe, list Tribe(s), Blood degree, and Enrollment #: _____

If Mother is non-Native, indicate nationality: _____

Biological Father's Name:

First: _____ Middle: _____ Last: _____

List other names known by: _____

Enrolled in Hopi Tribe? Yes No Degree of Hopi Blood: _____ Enrollment #: _____

Village affiliation: _____ Father's Clan: _____

If not enrolled in the Hopi Tribe, list Tribe(s), Blood degree and Enrollment #: _____

If Father is non-Native, indicate nationality: _____

Information on Adoptive Parents – Required IF adopted

Adoptive Mother's Name:

First _____ Middle _____ Last _____ (Maiden) _____

Hopi Village Affiliation/Other _____ Clan: _____

Adoptive Father's Name: _____

First _____ Middle _____ Last _____

Hopi Village Affiliation/Other: _____ Clan: _____

Information on Applicant's Natural Grandparents

Maternal Grandparents (birth mother)

Mother: _____
First _____ Middle _____ Last _____ Maiden _____

Clan: _____ Enrollment #: _____

Village/Other: _____ Degree Hopi Blood: _____

Father: _____
First _____ Middle _____ Last _____

Clan: _____ Enrollment #: _____

Village/Other: _____ Degree Hopi Blood: _____

Paternal Grandparents (birth father)

Mother: _____
First _____ Middle _____ Last _____ Maiden _____

Clan: _____ Enrollment #: _____

Village/Other: _____ Degree Hopi Blood: _____

Father: _____
First _____ Middle _____ Last _____

Clan: _____ Enrollment #: _____

Village/Other: _____ Degree Hopi Blood: _____

CONFIDENTIALITY STATEMENT

Hopi Enrollment Ordinance No. 33 authorizes the collecting of this information for membership into the Hopi Tribe. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of membership. These records are confidential and are not disclosed except in compliance with ORDINANCE No. 33.

I, _____, Certify the above information provided is true and correct to the best of my knowledge.

Signature of Applicant or Parent/ Guardian of Minor Child

Date

If the Child is a ward of the Court, a Social Services representative must print, sign and date the Application.

Print Name

Date

Signature

Date

****COPY OF APPLICANT'S CERTIFIED BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST BE SUBMITTED WITH THIS APPLICATION****