



Timothy L. Nuvangyaoma
CHAIRMAN

Clark W. Tenakhongva
VICE-CHAIRMAN

Greetings!

Enclosed 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:

- **Certified copy of the applicant's birth certificate**
- **Copy of the applicant's social security card**

You may email the completed application to:

The Hopi Tribe Enrollment Office
PO Box 123
Kykotsmovi, AZ 86039

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

Thank you and have a good day!

Muriel Scott

Muriel Scott
Director, Hopi Enrollment Office
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