



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**

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) Hopi-Tewa Indian blood or more combined, born after December 31, 1937, who are not enrolled with any other Tribe.
- (b) 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: Duel Enrollment is NOT Permitted:**

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

If the application meets the above criteria, the Application for Hopi membership may be filled out. 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 DNaha@hopi.nsn.us
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!

Tanya L. Monroe

Tanya L Monroe
Enrollment Director
Hopi Office of Enrollment

MEMBERSHIP APPLICATION INSTRUCTIONS

Information on Applicant

- Name: Write the name which will be used in recording the membership. If married, indicate if application is to be processed under the married or maiden name. ***See Page 3, Number 3.**
- Also Known As: Indicate other names used.
- Mailing Address: Provide the mailing address, not the physical location of home. **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. This will help to speed up the application process.
- Date of Birth: Indicate month, day and year when the applicant was born.
- Birth Place: Indicate City and State where the applicant was born. This will let the Enrollment Office know of the State from which to assist the applicant or sponsor in obtaining the Birth Certificate. Note: AZ State birth certificate forms are available at the Enrollment Office
- Social Security No.: If applicant does not have a Social Security number, the Enrollment Office will assist & provide information on obtaining one.
- Sex: Circle (F) for female and (M) for male.
- Enrolled with another Tribe? Check: (Yes) or (No)
- Tribe & Enrollment #: If the applicant is already enrolled with another Indian Tribe, indicate the tribe and the assigned enrollment number.
- Hopi Village Affiliation: Indicate the applicant's village affiliation
Hopi Villages are:

<u>First Mesa</u>	<u>Second Mesa</u>	<u>Third Mesa</u>
Tewa	Shungopavy	Moenkopi (Upper or Lower)
Sichomovi	Sipaulovi	Bacavi, Oraibi
Walpi	Mishongnovi	Kykotsmovi
		Hotevilla
- Clan: Indicate the applicant's clan (if known)
- Degree of Blood: Indicate by fraction(s) the different degree(s) of blood of the applicant. Examples of blood types may be:
4/4 Hopi, or 1/2 Hopi, 1/4 Pima, 1/4 Korean, or
3/4 Hopi, 1/4 Caucasian, etc.

Information on Applicant's Biological Parents

- Name: Indicate applicant's Biological mother and father's name.
- Also Known As: Indicate other names used.
- Enrolled/Tribe: Indicate whether Biological parents are enrolled and with which Tribe. ***Provide copy of Certificate of Indian Blood from other Tribe.**

Enrollment #: Indicate the applicant's Biological parent's assigned enrollment number, if known.

Hopi Village Affiliation/
Other: Indicate the village affiliation of the applicant's Biological parents, if applicable or indicate Agency of Tribe or nationality.

Clan: Indicate the clan of the applicant's Biological mother and father, if applicable.

Degree of Blood: Indicate by fraction(s) the degree 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/
Other: Indicate the Hopi village affiliation of the adoptive parents; if they are not Hopi, indicate their Tribe's agency or their nationality.

Clan: Indicate the clan of adoptive mother and father, if applicable.

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:

1. **Certified Birth Certificate:** A copy of the certified State birth certificate with natural birth parents is required. The Hopi Enrollment Office will assist in providing information on how to obtain a State of Arizona birth certificate.
2. **Social Security Card:** A copy of the social security card is required. The Hopi Enrollment Office will assist in providing information on how to obtain a Social Security Card.
3. **Marriage Certificate of 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.
4. **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.
5. **Verification of Enrollment Status:** If the applicant's degree of Indian blood includes other Tribe(s), a written verification must be submitted from those Tribe(s) showing the applicant is not enrolled or pending enrollment.
6. **Relinquishment Statement:** If the applicant is enrolled with another tribe, a relinquishment statement from the 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: _____

Also Known As: I. _____ II. _____

Mailing Address: _____

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

Date of Birth: _____ SS#: _____ Birth Place: _____
City State Zip Code

Sex: M / F If the Applicant is a minor child, who has custody of the child? _____

If the minor child is a ward of the Court, please list the name of the Court: _____

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 where registered: _____ Mother's Clan: _____

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

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 where registered: _____ Father's Clan: _____

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

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

The Hopi Enrollment Ordinance No. 33 authorizes collecting this information 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 and right to membership may be questioned anytime. These records are confidential and are not disclosed except in compliance with standards adopted by the Hopi Tribe. I understand that certain information may be disclosed to verify enrollment eligibility. I understand that my name and enrollment number will be sent to the village(s) I claim affiliation with for record keeping and/or information purposes after my Hopi membership is finalized by the Hopi Tribal Council.

“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****