

MEMBERSHIP ORDINANCE
of the
WASHOE TRIBE OF NEVADA AND CALIFORNIA

Approved by Washoe Tribal Council on 07/09/2021 by Resolution No. 2021-07-WTC-041

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INTRODUCTION

This Membership Ordinance is to define and regulate membership in accordance with the Constitution and Bylaws of the Washoe Tribe of Nevada and California and to establish an orderly membership procedure which affords due process of tribal law to all persons applying for membership with the Washoe Tribe of Nevada and California;

NOW, THEREFORE, BE IT ENACTED BY THE WASHOE TRIBAL COUNCIL THAT: Membership in the Washoe Tribe of Nevada and California shall be governed by the following procedures and regulations:

ARTICLE I – TITLE AND DEFINITIONS

Section 1 – SHORT TITLE

This Ordinance shall be known as the Washoe Tribe Membership Ordinance.

Section 2 – DEFINITIONS OF TERMS

- A. Accepted Membership Application – Meets required eligibility and has been approved by Tribal Council.
- B. Appellant – a person who is appealing from the Washoe Tribe’s Membership Committee decision to reject an application for membership.
- C. Applicant – the person seeking to file an application for membership (initial enrollment, blood quantum increase, or relinquishment) with the Washoe Tribe of Nevada and California.
- D. Complete Membership Application – Has all necessary and required documents as outlined in Article III, Section 2 of this Ordinance.
- E. Denied Membership Application – Does not meet required eligibility.
- F. Incomplete Membership Application – Does not have all necessary and required documents as outlined in Article III, Section 2 of this Ordinance.
- G. Membership Committee – a committee established by the Washoe Tribal Council which reviews applications for membership.
- H. Relinquishment – the permanent individual self-termination of a Washoe Tribe membership, excluding a removed minor who can submit an application for membership when at least eighteen (18) years of age.
- I. Secretary-Treasurer of the Washoe Tribal Council – the person to maintain tribal records and who is chosen by the Washoe Tribal Council.

- J. Sponsor – any person, other than the parent or guardian, who files an application for membership with the Washoe Tribe of Nevada and California on behalf of another person. This includes, but is not limited to the following: Spouse, Administrator, or Executor.
- K. Superintendent – the official of the Western Nevada Agency of the Bureau of Indian Affairs, or other designated representative, who has immediate administrative jurisdiction over the affairs of the Washoe Tribe of Nevada and California.
- L. Washoe Tribal Council – The supreme governing body of the Washoe Tribe of Nevada and California.
- M. Washoe Tribal Roll of January, 1969 – a list of persons names who were never officially approved or certified as members of the Washoe Tribe by action of the Washoe Tribal Council.

ARTICLE II – ELIGIBILITY

Section 1 – WASHOE BLOOD

The membership of the Washoe Tribe shall consist of all persons of at least one-fourth (1/4) degree Washoe Indian blood.

Section 2 – OTHER TRIBAL ENROLLMENT OR AFFILIATION

No persons enrolled with, affiliated with, or recognized as a member of another tribe or group (with the exception of the groups represented on the Washoe Tribal Council) shall be eligible for membership in the Washoe Tribe.

ARTICLE III – APPLICATION FOR MEMBERSHIP

Section 1 – APPLICATIONS

- A. Any person applying for membership (initial enrollment, blood quantum increase, or relinquishment) with the Washoe Tribe of Nevada and California shall be required to file a notarized application for membership on a form approved by the Washoe Tribal Council; provided that all applications heretofore received shall be considered validly filed and provided further that all person whose names appear on the unofficial roll known as the Washoe Tribal Roll of January, 1969, may be required to file an additional application if it is deemed necessary by the Membership Committee.
- B. Upon written or oral request, the Secretary-Treasurer of the Washoe Tribal Council shall furnish application forms to all persons, or sponsor of persons, who consider themselves eligible for membership in the Washoe Tribe of Nevada and California.
- C. Each application shall contain a place for the following information:

1. The name, sex, address, place and date of birth, and degree of Washoe blood of each applicant.
2. The name of each parent and his or her tribal membership and degree of Indian blood derived from any other tribe.
3. An application number for the purpose of maintaining a record of all applications furnished.
4. In the case of an application filed by a sponsor, the name, address and relationship of sponsor to the applicant (parent, legal guardian, etc.).
5. Certification as to whether application is for the natural child or an adopted child of the parent(s) through whom eligibility is claimed.

Section 2 – SUPPORTING DOCUMENTATION

The following is a list of required documents that must accompany each application.

1. Birth Certificate
2. Social Security Card
3. Completed Family Tree
4. State Issued Identification (Driver's License or ID)
5. School ID (If Applicable)
6. Marriage Certificate (If Applicable)
7. Court Order proving guardianship, executor of estate, etc. (If Applicable)
8. Death Certificate (If Applicable)

Section 3 – BURDEN OF PROOF

The burden of proof rests upon the applicant, or sponsor, to establish eligibility for membership in the Washoe Tribe of Nevada and California. Notarized affidavits or court orders that are official and current relating to a person's natural parents may be used to support the person's eligibility for membership. Natural parents may be used to support a claim of eligibility for membership. Records of the Bureau of Indian Affairs, such as census records, may also be used for reference in absence of other documentary evidence.

ARTICLE IV – PROCESSING MEMBERSHIP APPLICATIONS

Section 1 – MEMBERSHIP COMMITTEE APPLICATION REVIEW

The Secretary-Treasurer of the Washoe Tribal Council will make all applications for membership available to the Membership Committee. The Membership Committee shall review all applications and supporting documentation.

Section 2 – DETERMINATION OF MEMBERSHIP APPLICATIONS

The Membership Committee shall determine whether a membership application is complete, incomplete, or denied. Tribal Council shall determine whether a membership application is accepted. All determinations of the Membership Committee and Tribal Council must be supported by the documentation provided by the applicant or in research conducted by the Membership Committee and must be in accordance with the provisions of this Ordinance.

- A. When the Membership Committee determines an application to be complete, a summary sheet providing that the applicant meets the eligibility requirements will be provided to Tribal Council along with a proposed resolution.
- B. When the Membership Committee determines an application to be incomplete, the application will be placed on hold until the requested documentation is received. Where the Membership Committee considers additional information needed, it may request such information from the applicant, or sponsor.
- C. When the Membership Committee determines that an application does not meet the eligibility requirements, the application will be denied.
- D. Relinquishment requests will be received by the Membership Committee. The Membership Committee shall forward form and attached documents to the Washoe Tribal Council. Tribal Council will provide a resolution, if granted, and the permanently relinquished adult individual's name will be shared with Tribal programs and posted for membership.

The findings of the Membership Committee shall be kept confidential. After Tribal Council has accepted membership of the applicant, the collective findings may be examined at the request of the individual applicant or sponsor.

Section 3 – NOTICE OF DETERMINATION

- A. Notice required – Every person filing an application for membership shall be given written notice of whether the application is incomplete, accepted, or denied.
- B. Content of Notice of Denial – If the Membership Committee denies an application for membership, a written notice shall, (1) indicate that the application was denied and set forth the tribal membership requirement or requirements which the Membership Committee found the Applicant failed to establish, and (2) provide that denial of the application for membership may be appealed to the Washoe Tribal Council in accordance with appeal procedures established by this Ordinance. The Notice of Denial shall indicate the time and the procedure for commencing such appeal. The content and form of the Notice of Denial shall be approved by the Washoe Tribal Council.

- C. Content of Notice of Acceptance – If Tribal Council accepts an application for membership, a written notice shall indicate the application was accepted, and the date of its enactment whereby the approval of such application was commemorated. The applicant will also receive a ratified Washoe Tribal Council resolution. The content and form of the Notice of Approval shall be approved by the Washoe Tribal Council.
- D. Manner of Giving Notice – The notice required to be given under this section shall be given within thirty (30) days after a determination is made as to whether the application for membership is incomplete, accepted, or denied. The notice shall be sent by certified mail and a return receipt requested to the address provided on the application form or at such different address as may be subsequently provided the Membership Committee in writing.

Section 4 – BLOOD DEGREE DETERMINATION STANDARDS

- A. Determination – In determining the applicant’s degree of Washoe blood, the Tribe shall accept as determinative the highest degree as evidenced in official records of the Bureau of Indian Affairs, Department of the Interior, United States of America.
- B. Conflicts – Conflicts in records reflecting an applicant’s degree of Washoe blood will be resolved by the official records of the Bureau of Indian Affairs, Department of the Interior, United States of America, which reflect the applicant’s highest degree of Washoe blood.

ARTICLE V – APPEALS TO THE WASHOE TRIBAL COUNCIL

Section 1 – RIGHT OF APPEAL

Any person filing an application for membership which has been denied by the Membership Committee may appeal such denial to the Washoe Tribal Council, whose decision concerning membership appeals shall be final in the manner hereinafter provided.

Section 2 – COMMENCING AN APPEAL

To commence an appeal, such person must clearly express in writing the intent to appeal such denial to the Washoe Tribal Council, via the Secretary-Treasurer of the Washoe Tribal Council. Such appeal must be received by the Secretary-Treasurer of the Washoe Tribal Council before the close of business on the 45th calendar day after the Notice of Denial is sent to the person filing the application. If such notice is sent to an address outside the continental United States, there shall be sixty (60) calendar days rather than forty-five (45) calendar days in which to file such an appeal.

Section 3 – TRIBAL COUNCIL APPEAL DETERMINATION

Upon an appeal being received, the Washoe Tribal Council shall reconsider the Membership Committee denial decision based on the information received from the appeal and, if deemed appropriate, may reverse the Membership Committee’s original decision. In any case, the burden of proof is upon the appellant who may furnish additional documentary evidence, as provided in Article III, Section 3 of this Ordinance. The Membership Committee shall provide the Washoe Tribal Council proof of the sent Notice of Denial for the purpose of accurately recording the date such notice was sent to the denied applicant and shall furnish the Washoe Tribal Council with all documentation of the denial determination. The Washoe Tribal Council’s decision on the appeal is final.

ARTICLE VI – DUTIES OF THE SECRETARY-TREASURER OF THE WASHOE TRIBAL COUNCIL

Section 1 – MEMBERSHIP APPLICATIONS

Membership applications shall be filed with the Secretary-Treasurer of the Washoe Tribal Council who shall be responsible for recording and filing of all application forms. The Secretary-Treasurer of the Washoe Tribal Council shall maintain a log of all applications, recording the following information:

1. Date application received
2. Date of Enrollment Committee action
3. Date of “Notification of Eligibility” sent by Membership Committee
4. Date applicant issued “Notice of Denial” and right to appeal
5. Date Washoe Tribal Council notified of applicant’s intent to appeal

Section 2 – LIST OF APPLICANT NAMES TO BE PROVIDED TO THE SUPERINTENDENT

The Secretary-Treasurer of the Washoe Tribal Council shall furnish the Superintendent of the Western Nevada Agency of the Bureau of Indian Affairs with a list of applicant names and application numbers indicating whether applications were accepted or denied. A separate statement shall accompany such list stating the reasons for the denial of each denied application.

Section 3 – WASHOE TRIBAL MEMBERSHIP ROLL

The Washoe Tribal Membership Roll, arranged numerically by enrollment number, shall contain the names of all enrolled members of the Washoe Tribe of Nevada and California. For each such member, the Roll shall also indicate the person’s enrollment number, sex, date of birth, the degree of Washoe blood and parent(s) blood and address and a column for remarks; i.e., date of enrollment. The Remarks Column should also indicate the name of the person’s parents, with the exception of adopted children, in which

cases names of the natural parents shall not appear. Any notations made upon such Roll shall indicate by whom such notations were made, the authority for making such notations and the date.

Section 4 – MAINTAINING A CURRENT WASHOE TRIBAL MEMBERSHIP ROLL

The Washoe Tribal Council shall cause the Washoe Tribal Membership Roll to be kept current and shall annually review the Roll for such purpose. Names of all deceased persons and all persons who have relinquished membership in the Washoe Tribe of Nevada and California, in writing, shall be noted in the Roll. The names of all persons whose applications for initial enrollment that have been accepted by the Membership Committee shall be promptly added to the Roll.

ARTICLE VII – MISCELLANEOUS

Section 1 – REPEAL OF PRIOR CONFLICTING ORDINANCE AND RESOLUTIONS

Any ordinance or resolution in conflict herewith shall be repealed to the extent of such conflict. Furthermore, no provision contained in the Ordinance shall be construed as affecting the proposed Washoe Tribal Judgement Plan which shall be received and acted upon by the United States Congress.

Section 2 – OBJECTIONS

All objections shall be in writing and filed with the Secretary-Treasurer of the Washoe Tribal Council together with all documents to support the claim.

Section 3 – EFFECTIVE DATE OF ORDINANCE

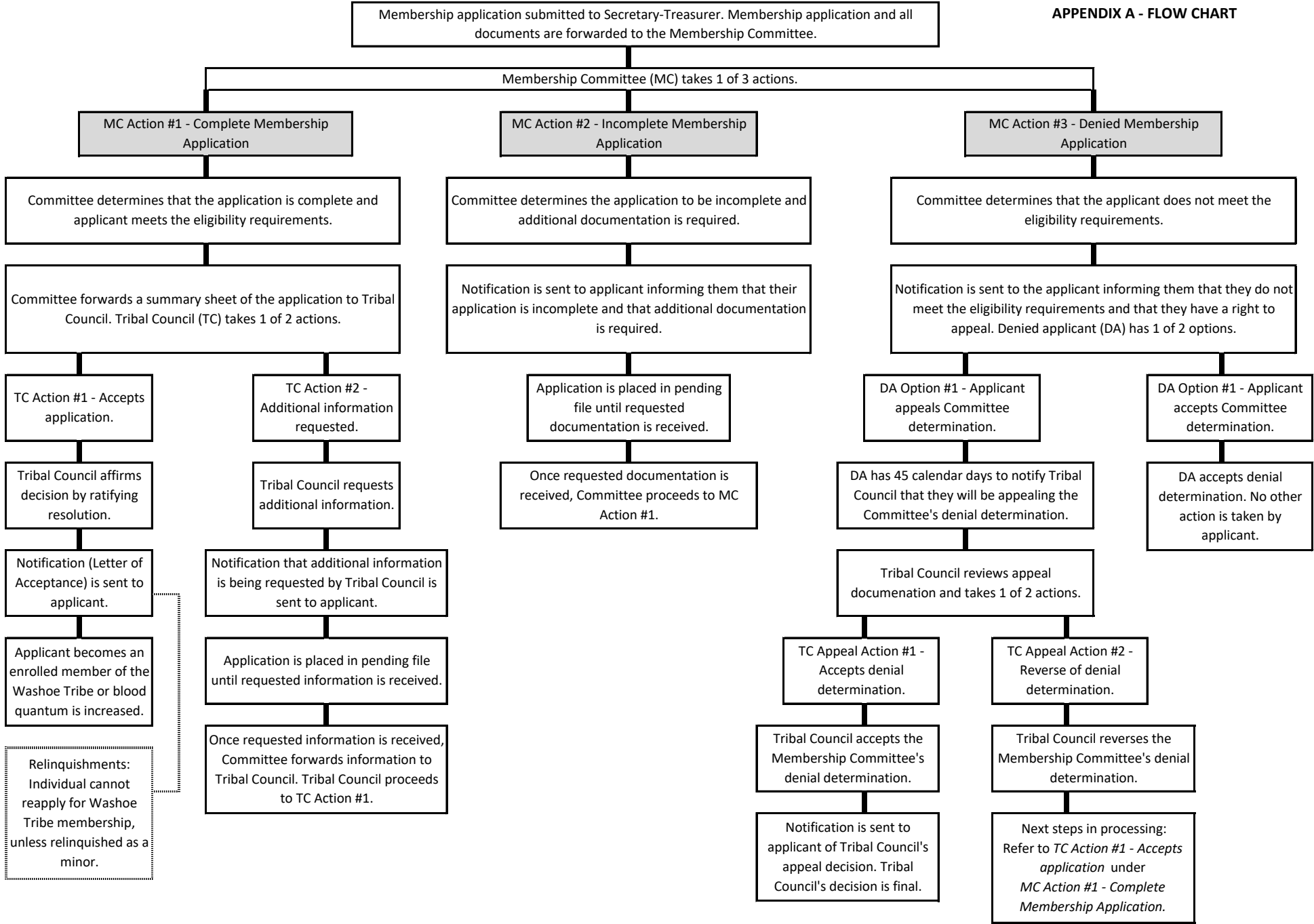
The Ordinance shall become effective upon being approved and ratified by the Washoe Tribal Council.

ARTICLE VIII – AMENDMENT TO ORDINANCE

Section 1 – AMENDMENTS

Any amendments to this Ordinance must be approved and ratified by a Washoe Tribal Council resolution.

**Washoe Tribe Membership Ordinance
APPENDIX A - FLOW CHART**





Washoe Tribe of Nevada and California

Membership Committee / Secretary-Treasurer
 919 US Hwy 395 N
 Gardnerville, NV 89410
 Phone: (775)265-8600 Fax: (775)552-3897
 Email: washoe.membership@washoetribe.us

MEMBERSHIP APPLICATION FOR ENROLLMENT

- Read and review this Membership Application for Enrollment thoroughly.
- Use this checklist to ensure your application is complete upon submission.

PART I: SPONSOR INFORMATION

- Complete this section if you are applying on behalf of the Applicant.
- Include all documents to support your ability and authority to apply on behalf of the Applicant.
- Court Order, Power of Attorney, etc.

PART II-VI: APPLICANT, PARENT, & GRANDPARENT INFORMATION

- Complete all sections in their entirety and to the best of your knowledge and ability.

PART VII: FAMILY TREE / DESCENDANCY CHART

- Complete this section in its entirety and to the best of your knowledge and ability.

PART VIII: SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION

- Complete these sections in their entirety.
- The signature on both pages is required to be notarized. Do not sign either section until you're in front of a Notary Public.

REQUIRED DOCUMENTS

- Birth Certificate for Applicant
- Social Security Card for Applicant
- State Issued Identification Card (Driver's License or ID) for Applicant
- If Applicable:
- School ID
 - Marriage Certificate
 - Death Certificate

BURDEN OF PROOF

- The burden of proof rests upon on the applicant, or sponsor, to establish eligibility for membership in the Washoe Tribe of Nevada and California.
- Include any other documents to support your Membership Application for Enrollment.

SUBMISSION

- Completed application and all supporting documents are to be submitted to the Secretary-Treasurer of the Washoe Tribe of Nevada and California.

OFFICIAL USE ONLY: Date received _____ Application # _____

**Thoroughly complete all requested information.
If the answer is unknown or not applicable, write "UNKNOWN" or "N/A"**

PART I: SPONSOR INFORMATION	
Is applicant a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the applicant and adult and under your guardianship/care? <input type="checkbox"/> YES <input type="checkbox"/> NO
If 'yes' to either question above, print full name of person applying on applicant's behalf (parent/guardian/sponsor):	
Relationship to Applicant:	

PART II: APPLICANT INFORMATION	
Full name of applicant (First, Middle, Last):	Maiden Name:
Date of Birth:	City & State where born:
Social Security Number:	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Mailing address:	Physical address:
Telephone number:	Email:
Degree of Washoe Indian Blood:	
Is the applicant currently enrolled with another Tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes to above question, name of Tribe:	Enrollment Number:
Has the applicant ever applied for membership with the Washoe Tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is applicant adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Adoptive Mother's Full Name:	Adoptive Father's Full Name:

PART III: BIOLOGICAL MOTHER'S INFORMATION		
Full name of biological mother (First, Middle, Last):	Maiden Name:	
Date of Birth:	City & State where born:	
Tribe mother is enrolled with:	Enrollment Number:	Degree of Indian blood:
Identify other Tribal affiliations and Degree of Indian blood:		

PART IV: BIOLOGICAL MATERNAL GRANDPARENTS INFORMATION		
<u>Maternal Grandfather's Full Name:</u>	Maiden Name:	
Tribe grandfather is enrolled with:		
Enrollment Number:	Degree of Indian blood:	
Identify other Tribal affiliations and Degree of Indian blood:		
<u>Maternal Grandmother's Full Name:</u>	Maiden Name:	
Tribe grandmother is enrolled with:		
Enrollment Number:	Degree of Indian blood:	
Identify other Tribal affiliations and Degree of Indian blood:		

PART V: BIOLOGICAL FATHER'S INFORMATION		
Full name of biological father (First, Middle, Last):	Maiden Name:	
Date of Birth:	City & State where born:	
Tribe father is enrolled with:	Enrollment Number:	Degree of Indian blood:
Identify other Tribal affiliations and Degree of Indian blood:		

PART VI: BIOLOGICAL PATERNAL GRANDPARENTS INFORMATION		
<u>Paternal Grandfather's Full Name:</u>	Maiden Name:	
Tribe grandfather is enrolled with:		
Enrollment Number:	Degree of Indian blood:	
Identify other Tribal affiliations and Degree of Indian blood:		
<u>Paternal Grandmother's Full Name:</u>	Maiden Name:	
Tribe grandmother is enrolled with:		
Enrollment Number:	Degree of Indian blood:	
Identify other Tribal affiliations and Degree of Indian blood:		

PART VII: FAMILY TREE / DESCENDANCY CHART

Please complete this Family Tree / Descendancy Chart with as much information as you can. If you don't know, write "unknown" in the appropriate boxes. **This information is required for determining the Applicant's Degree of Washoe Indian Blood.**

OFFICIAL USE ONLY

Certified by: _____
Membership Committee / Secretary-Treasurer

Date: _____

Applicant's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Biological Father's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Biological Mother's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Grandfather's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Grandmother's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Grandfather's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Grandmother's Full Name: _____
Date of Birth: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandfather's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandmother's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandmother's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandfather's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandmother's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandfather's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____

Great Grandmother's Full Name: _____
Date of Birth: _____
Tribal(s): _____
Degree of Washoe Blood: _____
Roll#: _____



The following pages, Part VIII and the Authorization for Release of Information, require your signature to be notarized. Do not sign either page until you're in front of a notary public.

PART VIII: SIGNATURE

By signing below, I, being of sound mind, solemnly swear that the foregoing statements made on this Membership Application for Enrollment and documents submitted to support this Membership Application for Enrollment for (print applicant's full name) _____ are true to the best of my knowledge. I also give authorization for the Washoe Tribe's Membership Committee and/or Secretary-Treasurer to share pertinent documents with other Tribes or Tribal agencies when necessary. (For example, a copy of the applicant's birth certificate may be required by another Tribe to verify enrollment or descendency within that Tribe.)

Printed Name of Signer:

Signing as (check one): Applicant Parent/Guardian Sponsor

Signature:

Date:

State of _____

County of _____

This instrument was acknowledged before me on _____

by _____.

Signature of Notarial Officer

Notarial Stamp Here



Washoe Tribe of Nevada and California

Membership Committee / Secretary-Treasurer
 919 US Hwy 395 N
 Gardnerville, NV 89410
 Phone: (775)265-8600 Fax: (775)552-3897
 Email: washoe.membership@washoetribe.us

Authorization for Release of Information

This Authorization for Release of Information allows the Washoe Tribe’s Membership Committee and/or Secretary-Treasurer to request Tribal enrollment related information and documents from other Tribes and other Tribal agencies that is specific to the Applicant for the purpose of supporting the Membership Application.

Note: This authorization must be notarized.

<p>By completing this Authorization for Release of Information and signing below, I have full authority to authorize the disclosure of any Tribal enrollment related information and documents to the Washoe Tribe of Nevada and California’s Membership Committee and/or Secretary-Treasurer for the Applicant named below.</p>	
Applicant Full Name:	Date of Birth:
Other Names Used:	
Biological Mother’s Full Name:	
Biological Father’s Full Name:	
Signing as (check one): <input type="checkbox"/> Applicant <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sponsor	
Signature:	
Date:	

State of _____ County of _____ This instrument was acknowledged before me on _____ by _____ _____ Signature of Notarial Officer	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Notarial Stamp Here</p>
--	--



Washoe Tribe of Nevada and California

Membership Committee / Secretary-Treasurer
 919 US Hwy 395 N
 Gardnerville, NV 89410
 Phone: (775)265-8600 Fax: (775)552-3897
 Email: washoe.membership@washoetribe.us

MEMBERSHIP APPLICATION FOR BLOOD QUANTUM INCREASE

- Read and review this Membership Application for Blood Quantum Increase thoroughly.
- Use this checklist to ensure your application is complete upon submission.

PART I: SPONSOR INFORMATION

- Complete this section if you are applying on behalf of the Applicant.
 Include all documents to support your ability and authority to apply on behalf of the Applicant.
 - Court Order, Power of Attorney, etc.

PART II: APPLICANT INFORMATION

- Complete this section in its entirety.

PART III: BLOOD QUANTUM INCREASE INFORMATION

- Complete this section in its entirety and to the best of your knowledge and ability.
 Include all documents to support your statements in this section.

PART IV: FAMILY TREE / DESCENDANCY CHART

- Complete this section in its entirety and to the best of your knowledge and ability.

PART V: SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION

- Complete these sections in their entirety.
 The signature on both pages is required to be notarized. Do not sign either section until you're in front of a Notary Public.

REQUIRED DOCUMENTS

- Birth Certificate for Applicant
- Social Security Card for Applicant
- State Issued Identification Card (Driver's License or ID) for Applicant
- If Applicable:
 - School ID
 - Marriage Certificate
 - Death Certificate

BURDEN OF PROOF

- The burden of proof rests upon on the applicant, or sponsor, to establish eligibility for membership in the Washoe Tribe of Nevada and California.
 Include any other documents to support your Membership Application for Blood Quantum Increase.

SUBMISSION

- Completed application and all supporting documents are to be submitted to the Secretary-Treasurer of the Washoe Tribe of Nevada and California.

OFFICIAL USE ONLY: Date received _____ Application # _____

**Thoroughly complete all requested information.
If the answer is unknown or not applicable, write "UNKNOWN" or "N/A"**

PART I: SPONSOR INFORMATION	
Is applicant a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the applicant an adult under your guardianship/care? <input type="checkbox"/> YES <input type="checkbox"/> NO
If 'yes' to either question above, print full name of person applying on applicant's behalf (parent/guardian/sponsor):	
Relationship to Applicant:	

PART II: APPLICANT INFORMATION	
Full name of applicant (First, Middle, Last):	Maiden Name:
Date of Birth:	Enrollment Number:
Telephone Number:	Email:
Mailing address:	Physical address:

PART III: BLOOD QUANTUM INCREASE INFORMATION	
Applicant's Current Degree of Washoe Indian Blood:	Requesting an Increase of Washoe Indian Blood to:
Is this request to increase your Washoe Indian Blood due to a change in blood degree of a relative? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If 'yes' to above question, Full Name of Relative:</i>	<i>Relative's Relationship to Applicant:</i>
<i>Relative's Enrollment Number:</i>	<i>Relative's Degree of Washoe Indian Blood:</i>
<i>Resolution No. reflecting approval of Relative's blood increase:</i>	<i>Actual or approximate date of aforementioned approval:</i>

PART IV: FAMILY TREE / DESCENDANCY CHART

Please complete this Family Tree / Descendancy Chart with as much information as you can. If you don't know, write "unknown" in the appropriate boxes. **This information is required for determining the Applicant's Degree of Washoe Indian Blood.**

OFFICIAL USE ONLY

Certified by: _____
Membership Committee / Secretary-Treasurer

Date: _____

Applicant's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Biological Father's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Biological Mother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Grandfather's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Grandmother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Grandfather's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Grandmother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal Affiliation(s): _____
Degree of Washoe Blood: _____

Great Grandfather's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandmother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandfather's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandmother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandfather's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandmother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandfather's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____

Great Grandmother's Full Name: _____
Date of Birth: _____ Roll#: _____
Tribal(s): _____
Degree of Washoe Blood: _____



The following pages, Part V and the Authorization for Release of Information, require your signature to be notarized. Do not sign either page until you're in front of a notary public.

PART V: SIGNATURE

By signing below, I, being of sound mind, solemnly swear that the foregoing statements made on this Membership Application for Blood Quantum Increase and documents submitted to support this Membership Application for Blood Quantum Increase for (print applicant's full name) _____ are true to the best of my knowledge.

Printed Name of Signer:

Signing as (check one): Applicant Parent/Guardian Sponsor

Signature:

Date:

State of _____

County of _____

This instrument was acknowledged before me on _____

by _____.

Signature of Notarial Officer

Notarial Stamp Here



Washoe Tribe of Nevada and California

Membership Committee / Secretary-Treasurer
 919 US Hwy 395 N
 Gardnerville, NV 89410
 Phone: (775)265-8600 Fax: (775)552-3897
 Email: washoe.membership@washoetribe.us

Authorization for Release of Information

This Authorization for Release of Information allows the Washoe Tribe’s Membership Committee and/or Secretary-Treasurer to request Tribal enrollment related information and documents from other Tribes and other Tribal agencies that is specific to the Applicant for the purpose of supporting the Membership Application.

Note: This authorization must be notarized.

<p>By completing this Authorization for Release of Information and signing below, I have full authority to authorize the disclosure of any Tribal enrollment related information and documents to the Washoe Tribe of Nevada and California’s Membership Committee and/or Secretary-Treasurer for the Applicant named below.</p>	
Applicant Full Name:	Date of Birth:
Other Names Used:	
Biological Mother’s Full Name:	
Biological Father’s Full Name:	
Signing as (check one): <input type="checkbox"/> Applicant <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sponsor	
Signature:	
Date:	

State of _____ County of _____ This instrument was acknowledged before me on _____ by _____ _____ Signature of Notarial Officer	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Notarial Stamp Here </div>
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Washoe Tribe of Nevada and California

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MEMBERSHIP APPLICATION FOR RELINQUISHMENT

- Read and review this Membership Application for Relinquishment thoroughly.
- Use this checklist to ensure your application is complete upon submission.

PART I: SPONSOR INFORMATION

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Complete this section if you are applying on behalf of the Applicant.
Include all documents to support your ability and authority to apply on behalf of the Applicant. <ul style="list-style-type: none">▪ Court Order, Power of Attorney, etc. |
|--------------------------|--|

PART II: APPLICANT INFORMATION

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Complete this section in its entirety. |
|--------------------------|--|

PART III: REASON FOR VOLUNTARY RELINQUISHMENT

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Thoroughly explain your reasoning to request to voluntarily relinquish your membership with the Washoe Tribe of Nevada and California.
Include any documents to support your Membership Application For Relinquishment. |
|--------------------------|--|

PART IV: SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Complete these sections in their entirety.
The signature on both pages is required to be notarized. Do not sign either section until you're in front of a Notary Public. |
|--------------------------|---|

SUBMISSION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Completed application and all supporting documents are to be submitted to the Secretary-Treasurer of the Washoe Tribe of Nevada and California. |
|--------------------------|---|

OFFICIAL USE ONLY: Date received _____ Application # _____

PART I: SPONSOR INFORMATION

Is applicant a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is applicant under your guardianship and care? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

If 'yes' to either question above, print full name of person applying on applicant's behalf (parent/guardian/sponsor):

Relationship to Applicant:

PART II: APPLICANT INFORMATION

Full name of applicant (First, Middle, Last) and Maiden Name:

Date of Birth:	Enrollment Number:
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Social Security Number:	Telephone Number:
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Mailing address:	Physical address:
------------------	-------------------

Email:

PART III: REASON FOR VOLUNTARY RELINQUISHMENT

Thoroughly explain the reasoning for submission of this Membership Application for Relinquishment to voluntarily relinquish your membership with the Washoe Tribe of Nevada and California.



The following pages, Part IV and the Authorization for Release of Information, require your signature to be notarized. Do not sign either page until you're in front of a notary public.

PART IV: ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I, being of sound mind, solemnly swear that the foregoing statements made on this Membership Application for Relinquishment and documents to support this Membership Application for Relinquishment for (print applicant’s full name) _____ are true to the best of my knowledge. Further, I, being of sound mind, acknowledge and I am aware that upon acceptance of this Membership Application for Relinquishment by the Washoe Tribal Council, will initiate actual and possible consequences of voluntarily relinquishing membership with the Washoe Tribe of Nevada and California. By affixing my initials next to each statement, I acknowledge that such aforementioned consequences include, but are not limited to, the following:

- _____ Voluntary membership relinquishment by an adult is permanent and cannot be revoked. If this Membership Application for Relinquishment is submitted on behalf of a minor, such minor may re-apply for membership with the Washoe Tribe of Nevada And California upon reaching 18 years of age.
- _____ I shall henceforth cease to hold membership in the Washoe Tribe of Nevada and California. I must surrender any past or current Washoe Tribal Membership cards or identification to the Washoe Tribe’s Membership Committee or Secretary-Treasurer.
- _____ I shall forfeit any Washoe Tribal membership related rights and benefits including, but not limited to: the right to participate in Washoe Tribal elections and at Washoe Tribal Council sessions; the right to any hunting and fishing permits within Washoe Indian Country; the receipt of any monetary, social, health, and housing services provided to Washoe Tribal members based on membership status; and rights to access and hold property within Washoe Indian Country.
- _____ Notice of my voluntary membership relinquishment will be provided to all departments and agencies of the Washoe Tribe that provide services to enrolled Washoe Tribal members, including, but not limited to: Social Services, Tribal Court, Washoe Tribal Health Center, Washoe Housing Authority, business entities, and the Bureau of Indian Affairs.

Printed Name of Signer: _____

Signing as (check one): Applicant Parent/Guardian Sponsor

Signature: _____

Date: _____

State of _____ County of _____ This instrument was acknowledged before me on _____ by _____ . _____ Signature of Notarial Officer	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> Notarial Stamp Here
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Washoe Tribe of Nevada and California

Membership Committee / Secretary-Treasurer
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Other Names Used:	
Biological Mother’s Full Name:	
Biological Father’s Full Name:	
Signing as (check one): <input type="checkbox"/> Applicant <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sponsor	
Signature:	
Date:	

State of _____ County of _____ This instrument was acknowledged before me on _____ by _____ . _____ Signature of Notarial Officer	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Notarial Stamp Here </div>
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