



COLORADO RIVER INDIAN TRIBES
Enrollment Department
26600 Mohave Road
Parker, Arizona 85344
Telephone (928) 669-1240
Fax (928) 669-1236

Enrollment Committee Member Application

Select the position you are interested in serving as a member:

_____ Navajo Alternate

_____ Hopi Alternate

Section 1. Applicant information and verification; to be completed and signed by the applicant.

Print Last Name _____ First _____ Middle Initial _____

Daytime Phone No. _____ Evening Phone No. _____

Message Phone No. _____

Physical Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Enrollment No. _____

Signature: _____

Date: _____

Section II. Questionnaire

1. Why would you like to serve on this Committee? _____

2. Do you reside within the exterior boundaries of the Colorado River Indian Reservation and continuous residency on the Reservation throughout the tenure of membership?

(Circle One) Yes No

3. Are you familiar with the Tribal history, traditions, culture and membership? Please Explain. _____

4. Any additional information that applicant may want to provide: _____

FOR OFFICE USE ONLY

Date/Time Picked Up: _____ Date/Time Received in Office: _____

By: _____ By: _____

Remarks: _____
