



BISHOP INDIAN TRIBAL COUNCIL

ENROLLMENT DEPARTMENT

50 Tu Su Lane ❖ Bishop, CA 93514-8058
Phone: (760) 873-3584 ❖ Fax: (760) 873-4143

ENROLLMENT CARD REQUEST FORM

Please allow up to 3 business days to process

I agree to the terms and conditions set forth in holding an enrollment card from the Bishop Paiute Tribe.

- I am 18 years of age and I have received an Enrollment Resolution authorizing my enrollment into the Bishop Paiute Tribe.
- The Enrollment Card is valid for a total of four (4) years. It must be renewed upon expiration.
- The first enrollment card and expired cards are free of charge. However, if a replacement is needed before the expiration date, then a service fee of \$10 shall apply.
- This card is the property of the Bishop Paiute Tribe and may be rescinded or cancelled, with authorization of the Bishop Indian Tribal Council, at any time. However, this cancellation shall not occur without due process through the Tribal Council and all correspondence relating to cancellation of the Enrollment Card shall be sent via certified US mail, return receipt requested.

New
 Replacement (\$10 Fee)
 Expired
 Emergency
 Mail
 Pick Up

 LAST NAME FIRST NAME MIDDLE MAIDEN

 DATE OF BIRTH TELEPHONE NUMBER LAST 4 OF SOCIAL

PHYSICAL ADDRESS: _____
 (REQUIRED) ADDRESS CITY STATE ZIP

MAILING ADDRESS: _____
 (REQUIRED) ADDRESS CITY STATE ZIP

**The applicant is a minor under age 18 or an adult with a court appointed guardian/conservator.
 If a box is checked, custody/legal documentation will need to be submitted with this form.**

By my signature, I acknowledge that I have read and will comply with the above stated regulations governing issuance of the Bishop Paiute Tribe Enrollment Card.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

X _____	_____ Printed Name of Parent/Guardian _____ Parent/Guardian Signature
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<u>OFFICE USE ONLY</u>		
Charge: \$ _____	Enrollment #: 549- _____	Expires: _____
Processed: _____		Staff Initials: _____