



## Quartz Valley Indian Reservation

*Tribal Office: 13601 Quartz Valley Road  
Fort Jones, CA 96032  
Telephone: 530-468-5907  
FAX: 530-468-5908*

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### **ENROLLMENT APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Female Male

Telephone Number: ( ) \_\_\_\_ - \_\_\_\_ Message Number: ( ) \_\_\_\_ - \_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

QVIR ENROLLMENT

**QUARTZ VALLEY INDIAN RESERVATION MEMBERSHIP ELIGIBILITY:**

I. I know myself to be: (please indicate by number)

- 1. Karuk (Upper Klamath) Indian
- 2. Shasta Indian
- 3. Both Karuk (Upper Klamath) and Shasta Indians.

II. I claim eligibility for membership through: \_\_\_\_\_, whom I believe is a member of Quartz Valley Indian Reservation.

III. Are you enrolled in another tribe? Yes No (please circle), if yes

Name of Tribe: \_\_\_\_\_ Roll Number: \_\_\_\_\_

IV. List all tribes you may be eligible for:

\_\_\_\_\_  
\_\_\_\_\_

V. My Mother is: \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

My Father is: \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

VI. I have \_\_\_\_\_ Child(ren) (\*\*Include Adult Children)

NAME	GENDER	AGE	BIRTHDATE	TRIBAL AFFILIATION

My signature affixed hereto certifies that the information provided is true and accurate, to the best of my knowledge. It further authorizes the Enrollment Committee to research and verify my lineage and information provided herein and to process my application for enrollment into Quartz Valley Indian Reservation. I understand that any willful falsification or misrepresentation of information is grounds for automatic termination of my application.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



*Quartz Valley Indian Reservation*  
**CONFIRMATION OF ENROLLMENT**

I confirm that currently I am:

\_\_\_\_\_ Eighteen (18) years and previously enrolled as a minor member under my Tribal Parent; \_\_\_\_\_, and now wish to be enrolled as an adult member.

\_\_\_\_\_ Enrolled with \_\_\_\_\_ Tribe, Band, Pueblo, Reservation or Rancheria and wish to enroll in Quartz Valley Indian Reservation.

\_\_\_\_\_ Not enrolled in a Federally Recognized Indian Tribe, Band, Pueblo, Reservation or Rancheria; however, I wish to be considered for enrollment in Quartz Valley Indian Reservation.

\_\_\_\_\_ Eighteen (18) years and previously enrolled with another Tribe, Band, Pueblo, Reservation or Rancheria and wish to enroll in Quartz Valley Indian Reservation.

\_\_\_\_\_ Not enrolled in a Federally Recognized Indian Tribe, Band, Pueblo, Reservation or Rancheria, however, I wish to be considered for adoption into Quartz Valley Indian Reservation.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



***Quartz Valley Indian Reservation***  
**STATEMENT OF DESIRE TO BE A MEMBER**

The members of Quartz Valley Indian Reservation have adopted provisions for membership into Quartz Valley Indian Reservation. These provisions are specified in the Constitution and By-Laws of Quartz Valley Indian Reservation, ratified on May 09, 1939 and approved on June 15, 1939. Further specified in the Enrollment Ordinance of Quartz Valley Indian Reservation, ratified on January 08, 1995 and approved on November 02, 1995.

I understand that I must meet at least one (1) of the eligibility requirements specified in the Constitution and By-Laws of Quartz Valley Indian Reservation. I further understand that I must meet the procedural requirements specified in the Enrollment Ordinance of Quartz Valley Indian Reservation. In full awareness and acknowledgment of the requirement and provisions for enrollment into Quartz Valley Indian Reservation, I now claim my right to enroll in Quartz Valley Indian Reservation, as being:

\_\_\_\_\_ A person of one-half degree or more Indian Blood who was given an assignment of land on Quartz Valley Indian Reservation. I will provide proof of my assignment, or

\_\_\_\_\_ A child of one-half degree or more Indian Blood residing with my parent who was given an assignment of land on Quartz Valley Indian Reservation. My parent through whom I am claiming my right is \_\_\_\_\_, or

\_\_\_\_\_ A person whose name can be found on any Official Tribal Roll, prior to termination, of Quartz Valley Indian Reservation, or

\_\_\_\_\_ A child born after June 15, 1939 to a member of Quartz Valley Indian Reservation. The member I am claiming eligibility through is \_\_\_\_\_.

I further understand that I must comply with the procedures for enrollment specified in the Enrollment Ordinance of Quartz Valley Indian Reservation and agree that I shall not be accepted as a member of Quartz Valley Indian Reservation until such time as I meet the procedural requirement set forth in the said Enrollment Ordinance.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**\*Requirement: Direct Lineal Descent**

**\*List all of your Tribes and Tribal Lineage**      Grandfather's Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Great Grandfather's Name	Great-Great Grandfather's Name
Great Grandmother's Name	Great-Great Grandmother's Name
Great Grandfather's Name	Great-Great Grandfather's Name
Great Grandmother's Name	Great-Great Grandmother's Name
Great Grandfather's Name	Great-Great Grandfather's Name
Grandmother's Name	Great-Great Grandmother's Name
Mother's Name	Great-Great Grandfather's Name
Applicant Name	Great-Great Grandmother's Name
Father's Name	Great-Great Grandfather's Name
Grandfather's Name	Great-Great Grandmother's Name
Great Grandmother's Name	Great-Great Grandfather's Name
Great Grandmother's Name	Great-Great Grandmother's Name
Great Grandmother's Name	Great-Great Grandfather's Name
Great Grandmother's Name	Great-Great Grandmother's Name

*This family tree has been prepared for you by:  
Virginia L. Gray, Enrollment Clerk*

**Enrollment Application  
Supporting Documents  
Check List**

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\_\_\_\_\_ **Original Application with Signature**

\_\_\_\_\_ **Family Tree/ Tribal Lineage**

\_\_\_\_\_ **Original Certified Birth Certificate**

\_\_\_\_\_ **Original Social Security Card**

\_\_\_\_\_ **Court Ordered Acknowledgement of Guardianship/  
Paternity for Minor Application**

\_\_\_\_\_ **Proof of Relinquishment from another Federally Recognized Tribe**

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**Enrollment Department**

**Office Use Only**

**Date Received:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Application received by:** \_\_\_\_\_

**Application Check List Complete: Yes/No**

**Missing Supporting Document and/or**

**Comments:** \_\_\_\_\_