

The Mesa Grande Band of Mission Indians' Enrollment Committee opened enrollment for the 2024 cycle, per our Enrollment Ordinance, as of January 1, 2024. **The Enrollment Committee is accepting applications for 90 days through Saturday, March 30, 2024 at 5 p.m.**

An Enrollment Application may be obtained by:

- Downloading from the website under the Members Only portal
- Picking up a paper copy from the Tribal Office during regular business hours
- Email a request to [mgenrollment@mesagrandeband-nsn.gov](mailto:mgenrollment@mesagrandeband-nsn.gov)

Return applications and all required documentation by Saturday, March 30, 2023 at 5 p.m. Applications returned after this deadline will not be accepted.

Return applications by one of the following:

1. Emailing the scanned application and scanned documents (no jpeg, png, tif, or photos please. These can be very hard to read) to: [mgenrollment@mesagrandeband-nsn.gov](mailto:mgenrollment@mesagrandeband-nsn.gov).
2. Hand delivery to the Tribal Office during regular business hours.
3. Via mail delivery (it is recommended you send certified for acceptance verification) to:  
*Mesa Grande Band of Mission Indians  
PO Box 270  
Santa Ysabel, CA 92070  
Attn: Enrollment Committee*

Please DO NOT FAX your application. It will NOT be accepted.

### **ELIGIBILITY REQUIREMENTS:**

To be eligible for enrollment, you must:

1. Tie directly back to member on the 1940 Mesa Grande Census
2. Have a mother or father enrolled with Mesa Grande
3. Possess a minimum of 1/16th Mesa Grande blood.

If you have further questions, please contact the Enrollment Committee. Thank you.



## Application for Enrollment

Full Legal Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year  
Is the applicant a minor? \_\_\_ Yes \_\_\_ No

Mailing Address: \_\_\_\_\_  
Physical Address (if different from mailing)  
\_\_\_\_\_  
\_\_\_\_\_

As per our Articles of Association, under Article II Membership, Section A, Part 1 and 2, you must tie directly back to an individual on the 1940 Mesa Grande Census, have a parent who is enrolled with Mesa Grande, and possess a minimum of 1/16th Mesa Grande blood degree.

1940 Mesa Grande Census Member(s): (Please include full name, DOB, Roll number and blood degree)  
\_\_\_\_\_

Parent(s) enrolled with Mesa Grande (Include full name, DOB, Roll number and blood degree):  
\_\_\_\_\_

Do you have a lineal family member enrolled/has ties to another Federally Recognized Tribe? (i.e. mother, father, grandmother, grandfather, great-grandmother, great-grandfather, etc.) If yes, please provide their name(s), DOB(s), Tribal Affiliation(s), Roll #(s) and blood degree(s):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been enrolled with another Tribe? \_\_\_ No \_\_\_ Yes  
If yes, please provide the name of the Tribe, Roll number and copy of relinquishment letter (if available).  
\_\_\_\_\_ Date Relinquished from other Tribe: \_\_\_\_\_

Please attach an original, State Certified Copy of your birth certificate (not an abstract) with this application. If your name is different from what is on your birth certificate, please attach the legal certified documentation supporting the name change (i.e. marriage certificate, court documents authorizing name change). If the documentation is not attached, the application will be denied.

I hereby certify that the information I have provided to the Mesa Grande Band of Mission Indians' Enrollment Committee is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Printed Name Date

If Applicant is a minor, a parent or legal guardian must sign. Relationship to Applicant: \_\_\_\_\_