



California Nations Indian Gaming Association

CNIGA TRIBAL MEMBERSHIP APPLICATION

Please type or print legibly

COMPLETE TRIBE NAME: _____

of adult voting members: _____

COMPLETE GAMING FACILITY NAME: _____

Date/Year your gaming facility became/will become operational: ____/____

NAME OF TRIBAL CHAIRPERSON: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Physical Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ Web Site _____

PRIMARY TRIBAL REPRESENTATIVE TO CNIGA: (Known as "First Delegate" and is usually the Tribal Chairperson)

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

SECONDARY TRIBAL REPRESENTATIVE TO CNIGA: (Known as the "Second Delegate")

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

ALTERNATE TRIBAL REPRESENTATIVE TO CNIGA: (Known as the "Alternate Delegate")

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

TYPE OF MEMBER:

(Please pro-rate your fees...Physical Year begins November 1 – October 31. **Example:** Effective Date is March. You have 8 months of membership. $\$650/12 \text{ month} = \$54.16 \text{ per month} \times 8 \text{ months} = \433.28 is your Membership Fee for your first year of being a member plus additional fee for gaming employees if tribe is a gaming tribe. See formula below.)

Gaming Tribe @ \$5,000.00 + (# of all gaming facility employees ____ @ \$40.00 ea. = \$____) = \$____

Non-Gaming Tribe @ \$5,000.00 only

NAME: _____ **APPLICATION DATE:** _____

SIGNATURE: _____

Make pro-rated check payable to CNIGA and mail to: (see below)

For office use only:

1st Reading: ____/____/____

Effective Date: Month____/Year____

1415 "L" Street, Suite 1080
448-8706 Fax 916-448-8758

Sacramento, CA 95814

Phone 916-



California Nations Indian Gaming Association

SAMPLE RESOLUTION FOR CNIGA

NOTE: Tribal resolution should be on Tribal letterhead or other official Tribal stationery

RESOLUTION NUMBER: _____

DATE: _____

RE: Authorization to *[renew/activate]* membership to the California Nations Indian Gaming Association.

WHEREAS: the *[name of Tribe]* is a federally recognized *[gaming/non-gaming]* *[Tribe/Band]* by the U.S. Department of Interior located in *[county]*, *[state]* having *[number]* adult voting members; and

(if applicable)

WHEREAS: the *[name of Tribe]* operates *[name of gaming facility]*, located at *[physical address]*.

WHEREAS: the *[name of Tribe]* authorizes membership *[renewal/activation]* in the California Nations Indian Gaming Association; and

WHEREAS: the term of this Resolution will be from November 1, *[year]* through October 31 *[the following year]*.
The term will be twelve months; and

WHEREAS: the *[name of Tribe]* desires to enhance Tribal gaming by participating with the California Nations Indian Gaming Association.

NOW THEREFORE BE IT RESOLVED that the *[name of Tribe]* authorizes the *[renewal/activation]* to the California Nations Indian Gaming Association and appoints the following to officially represent said Tribe:

Tribal Chair _____

Primary Delegate _____

Secondary Delegate _____

Alternate Delegate (in priority order) _____

Alternate Delegate _____

This resolution supercedes any previous Tribal resolutions.

CERTIFICATION

BE IT RESOLVED THAT we the undersigned, duly elected members of *[name of Tribal governing body]*, do hereby certify that the foregoing resolution was adopted by the *[Tribe's governing body]* on *[date]*.
