



CNIGA TRIBAL MEMBERSHIP APPLICATION

Please type or print legibly

COMPLETE TRIBE NAME: _____

COMPLETE GAMING FACILITY NAME: _____

NAME OF TRIBAL CHAIRPERSON: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Physical Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ Web Site _____

Name of Administrative Assistant: _____ **Email:** _____

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

Name: _____ Title: _____

E-mail: _____

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

Name: _____ Title: _____

E-mail: _____

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

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

*CNIGA sends all correspondence via e-mail so please be sure to include all e-mail addresses

MEMBERSHIP FEES:

(Please pro-rate your fees - Fiscal Year begins November 1 – October 31)

Checks should be made payable to CNIGA

Gaming Tribe: Dues: \$5,000 + Assessments: (# of all gaming facility employees _____ @ \$40.00 ea. = \$ _____) = \$ _____

Non-Gaming Tribe: Dues: \$5,000

NAME: _____ **APPLICATION DATE:** _____

SIGNATURE: _____

Protecting the sovereign right of California tribes to operate gaming on their lands.

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]*; 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	_____	Email: _____
Primary Delegate	_____	Email: _____
Secondary Delegate	_____	Email: _____
Alternate Delegate	_____	Email: _____
Alternate Delegate	_____	Email: _____

(add additional lines as needed)

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]*.

