



# California Nations Indian Gaming

## 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 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: \_\_\_\_\_

### MEMBERSHIP FEES:

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

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

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

**NAME:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Make pro-rated check payable to CNIGA and mail to the CNIGA Executive Offices at 1415 L Street, Suite 1080  
Sacramento, CA 95814

For office use only:

1<sup>st</sup> Reading: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date: Month\_\_\_\_/Year\_\_\_\_

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

Sacramento, CA 95814

Phone 916-448-8706



# California Nations Indian Gaming

## 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]*.

\_\_\_\_\_

\_\_\_\_\_