



# Manchester-Point Arena Band of Pomo Indians

24 Mamie Laiwa Drive ♦ P. O. Box 623, Point Arena CA 95468

♦Tele (707) 882-2788 ♦Fax (707) 882-3417

To all Tribal Members:

Attached is a Tribal Identification Card (IDCA) application for all members to complete to receive a Tribal ID, identifying you as a member of the Manchester Band of Pomo Indians. Please complete all requested information on the application and call the tribal office to set up an appointment to have your picture taken and your application processed. One I.D. card will be issued at \$10 per person. Lost, stolen, or damaged cards are subject to an additional fee for replacement.

First ID issued.....	Free
Second ID issued.....	\$15.00
Seniors ID issued.....	\$5.00
Children ID issued.....	\$5.00

When submitting your Tribal ID Card Application, you will need to bring your State Identification Card or a Drivers License with you. No one can apply for a Tribal ID card for another tribal member.

If you cannot stop by the Tribal Office, you will need to complete the Tribal ID Card Application. The photo requirements are as follows.

1. No hats or sunglasses
2. Email photo
3. Clear front view/full face

Those members that cannot stop by the Tribal Office will receive their Tribal ID Cards by mail as soon as we receive all requested information. If you have any further questions or concerned regarding how to complete your Tribal ID Card Application for yourself or about what type of photo to send, please call meat (707) 882-2788 or email at [receptionist@mpapomotribe.org](mailto:receptionist@mpapomotribe.org)

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TRIBAL COUNCIL

Jaime Cobarrubia, Chairperson   Christina McCurdy, Vice-Chairperson   Latrice Gonzalez, Secretary   Ricardo Cruz, Treasurer



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## Tribal Identification Card Application

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

Name of Applicants: \_\_\_\_\_  
First M Last

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

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

### Personal information:

Roll No: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Eye Color \_\_\_\_\_ DOB \_\_\_\_\_  
Sex: \_\_\_\_\_

I understand that by signing this document I am verifying that the above information is correct, I shall not copy, replicate, make or give the I.D. card to any other person. It is for my sole use and benefit; I acknowledge that I have read and understand this agreement.

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*For office use only*

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

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

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