



Yavapai-Apache Nation

ENROLLMENT DEPARTMENT

2400 W. Datsi Street Camp Verde, AZ 86322

Phone: (928) 567-1029 / (928) 567-1008

Check Pick up Request Form

Per Capita 2025 Disbursement

****Only ONE check pick up request form will be accepted each distribution****

To: The Yavapai-Apache Nation Enrollment Office

From: _____

Tribal Member name (Print)

Enrollment #

Phone Number

Email

I, an enrolled member of the Yavapai-Apache Nation give permission for

_____ to pick up my distribution check.

(Must show ID upon pick up)

Signature

Date

Received by: _____