



## Mendota Mdewakanton Dakota Tribal Community Membership Application Process 2016

**Mendota Mdewakanton Dakota Tribal Community**  
1351 Sibley Memorial Hwy, Mendota, MN 55150

Postal: P.O. Box 50835, Mendota, MN 55150  
Phone: 651- 452-4141 Email: mendotadakota@gmail.com

**Step 1.** Applicant submits a completed MMDC Enrollment Application, along with all necessary attachments and a \$180 application fee to, then dues of \$15.00 per month.

Membership Committee  
Mendota Mdewakanton Dakota Tribal Community  
1351 Sibley Memorial Hwy  
P O Box 50835  
Mendota, MN 55150

**Step 2.** A member of the MMDTC Membership Committee reviews Enrollment Application and attachments to determine authenticity and accuracy.

**Step 3.** MMDC Membership Committee reviews findings of committee member.

❖ Application is incomplete or inaccurate:

- Incomplete – MMDTC Membership Committee communicates, in writing, to the applicant that further information or documentation is needed.
- Inaccurate – MMDTC Membership Committee communicates, in writing, to the applicant that there are errors in the application that need to be resolved.

❖ Application is complete and accurate:

- Accepted – MMDTC Membership Committee sends a letter to the applicant describing which type of membership has been granted: Descendancy, Lineal, Honorary, or Adopted.
- Denied – MMDTC Membership Committee sends a letter to the applicant explaining why their application has been denied.

### **Part I. Membership Criteria**

1. Your Dakota ancestor must have resided in the village or township of Mendota, Minnesota and be listed on any one of the following documents:
  - James McLaughlin's 1899 "Census of Mdewakanton Sioux of Minnesota"
  - Any one or more of U.S. Censuses for Mendota for the years 1900 through 1930
  - Any one of the 1800 - 1900 Census of Mendota.
2. You must prove that you are a lineal descendant of the Dakota (Mdewakanton, Sisseton, Wahpeton, and Wapekute) people. Your Dakota affiliation may be proven from the documents listed in Part V, Proof of Descendancy, or other documents (i.e., Santee Tribal Rolls or earlier censuses).

## Part II. Types of Membership

**Descendancy:** Lineal descendants of Dakota (Mdewakanton, Sisseton, Wahpeton, or Wapekute) residents of the village or township of Mendota, Minnesota, who are at least 18 years of age and are listed on any one of the following documents: James McLaughlin's 1899 "Census of Mdewakanton Sioux of Minnesota" or U.S. Census for Mendota for the years 1900 – 1930. These members shall be considered full voting members and have the right to vote on all issues.

**Adoption:** An Indian who has significantly contributed to the enrichment, development, or preservation of the Tribe or its culture by written application. The request must be initiated and signed by a current tribal member. The application must include a written statement of explanation as to how the potential adoptee has contributed to the Community. These members are considered full members of the Community and have the same rights and obligations as Descendancy members; however, this does not apply to their descendants.

**Honorary:** An Indian or non-Indian who has significantly contributed to the enrichment, development, or preservation of the Tribe or its culture by written application. The request must be initiated and signed by a current tribal member. The application must include a written statement of explanation as to how the potential adoptee has contributed to the Community. These members have no voting rights in Community affairs nor are they eligible to hold office.

I am applying for membership type (check one):  Descendancy  Adoption  Honorary

*If applying for adoption or honorary membership, provide the following about the sponsoring tribal member:*

Name (Last, First, MI)

Phone: (    )

## Part III. About You

Last Name  First Name  M.I.  Sex:  M  F

Maiden, Indian, or other name by which you are known:

Address  City  State  Zip Code

Home Phone: (    )  Work Phone: (    )  Cell phone: (    )

Fax: (    )  Email Address:

Date of Birth  Place of Birth

Are you a U.S. Citizen?  Yes  No Mdwakanton blood Degree

Enrolled with another tribe?  Yes  No Name of the tribe:   
(if yes, a conditional relinquishment form is required)

**Part V. Proof of Descendancy**  
**The Dakota ancestor from whom you are descended:**

Last Name	First Name	M.I.	Mdewakanton Blood Degree
Census used:		Census ID Number:	
<p>Evidence (originals or certified copies) of your birth date and parentage <b>must</b> be attached.</p> <ul style="list-style-type: none"> <li>• Birth or Baptismal Certificate</li> <li>• Marriage Certificate (if your name was changed)</li> <li>• Family Tree (form attached)</li> </ul>			

**Part VI. Verification**

I certify that all information in this application is true and correct. I am aware that criminal penalties are provided by statute for knowingly making false statements.

Applicants Signature: (seal)	Date:
Notary Signature:	Date:

**If this application is filed on behalf of another person, complete the following section.**

Name of person filing application:			
Address	City	State	Zip Code
Relationship to applicant:			

**FOR OFFICE USE ONLY**

Date Received:	Application Number:
Received by (name):	Date Reviewed:
Membership <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date:
Reason Denied:	Member ID:

INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: \_\_\_\_\_

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage) \_\_\_\_\_

NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

NAME OF MEMBER'S FATHER: \_\_\_\_\_

NAME OF MEMBER'S MOTHER: (Give name before marriage) \_\_\_\_\_

NAMES OF MEMBER'S BROTHERS:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

NAMES OF MEMBER'S SISTERS:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

\_\_\_\_\_  
(Name of person preparing this chart if not a member of the group) (Date prepared)

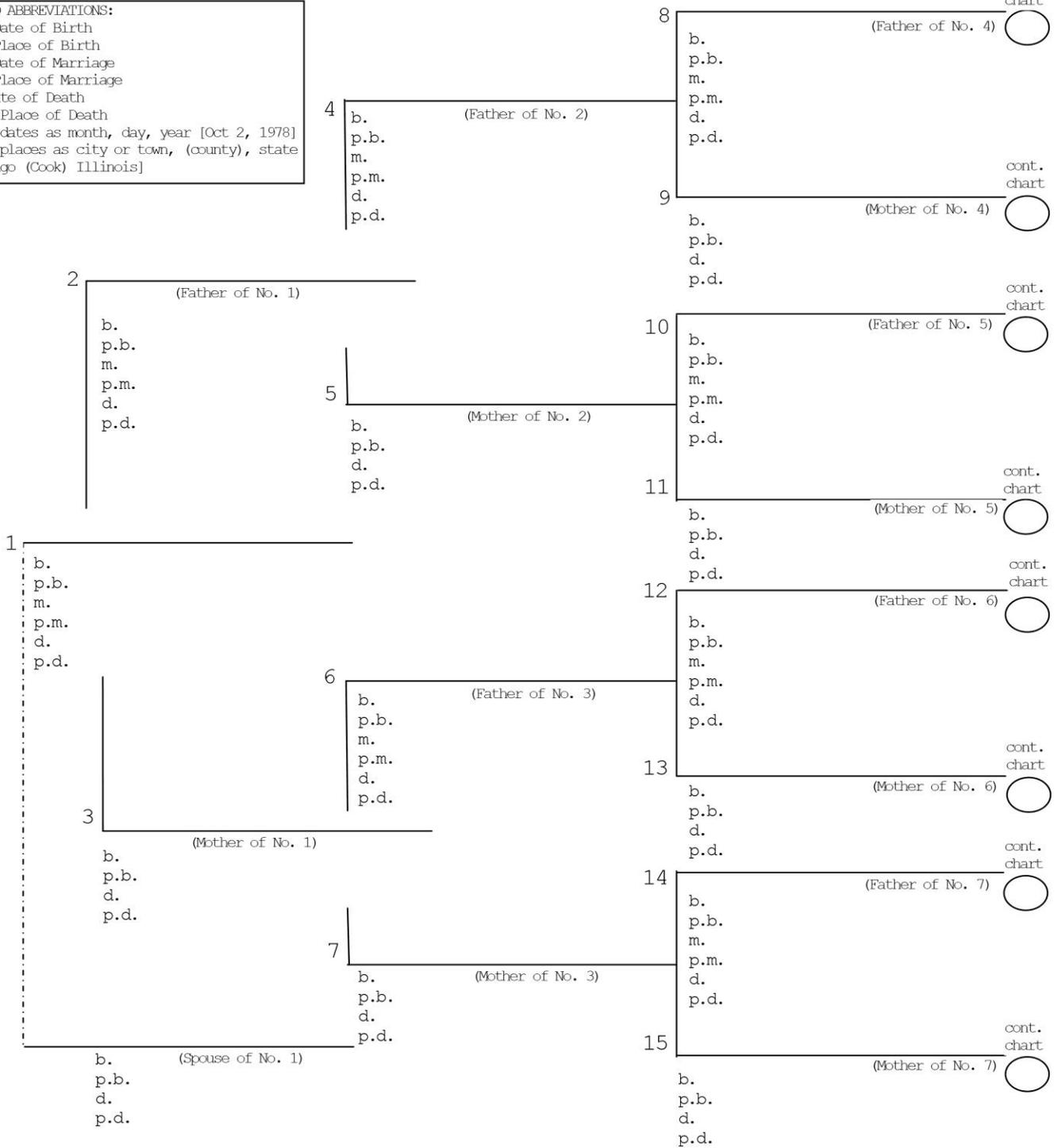
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (A/C \_\_\_\_\_)

# ANCESTRY CHART

Person No. 1 on this chart is the same person as No. \_\_\_\_\_ on chart No. \_\_\_\_\_

CHART NO.   cont. chart

**KEY TO ABBREVIATIONS:**  
b. Date of Birth  
p.b. Place of Birth  
m. Date of Marriage  
p.m. Place of Marriage  
d. Date of Death  
p.d. Place of Death  
Write dates as month, day, year [Oct 2, 1978]  
Write places as city or town, (county), state [Chicago (Cook) Illinois]



HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1, your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry father back than this form allows, simply enter the name of your relative which appears in the column numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.