

# Mendota Mdewakanton Dakota Tribal Community Membership Application Process 2015

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

Membership Committee Mendota Mdewakanton Dakota Tribal Community 1324 Sibley Memorial Highway 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. MMDTC 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: Descendency, 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
- 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.

<u>Adoption</u>: 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	
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If applying for adoption or honorary membership, provide the following about the sponsoring tribal member:

Name	(Last,	First,	MI)
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Phone: (	
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Part III. About You		
Last Name	First Name	M.I. Sex: M F
Maiden, Indian, or other name by which	ch 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?	🗌 No	Mdewakanton blood Degree
Enrolled with another tribe?  Yes (if yes, a conditional relinquishment for		Name of the tribe:

Part IV. About Your Family History – Your Father:					
Last Name	First Name	M.I.	Mdewakanton Blood Degree		
Date of Birth Place	(city, con	unty, state)			
		unty, state)			
Enrolled with another tribe?	Yes 🗌 No	Name of	the tribe:		
Father's Father Last Name	First Name	M.I.	Mdewakanton Blood Degree		
Father's Mother Maiden Name	First Name	M.I.	Mdewakanton Blood Degree		

Part IV. About Your Family History – Your Mother:					
Last Name	First Name	M.I.	Mdewakanton Blood Degree		
	(city, county	v, state)			
Date of Birth Place of	Birth				
	(city, county	v, state)			
Date of Death Place of	Death				
Enrolled with another tribe?	🗌 No	Name of the tr	ibe:		
Mother's Father Last Name	First Name	M.I.	Mdewakanton Blood Degree		
Mother's Mother Maiden Name	First Name	M.I.	Mdewakanton Blood Degree		
women's women wanden wante	First manne	1 <b>V1.1.</b>	Muewakamon Bioou Degree		

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:	
<ul> <li>Evidence (originals or certified copies) of your birth date and parentage must be attached.</li> <li>Birth or Baptismal Certificate <ul> <li>Family Tree (form attached)</li> <li>Marriage Certificate (if your name was changed)</li> </ul> </li> <li>Please include all certificates connecting you to your Dakota ancestor listed above.</li> </ul>				
Originals or certified copies of other documents which may be helpful in determining your eligibility can be submitted with this application for <u>each</u> person named on your family tree:				
• Birth Certificate		• School F	Records	

- Baptismal Certificate
- Death Certificate

- Military Service Records
- Census ID Number

#### 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:
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(seal)

Notary Signature:

Date:

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:	Date Received: Application Number:			
Received by (nam	d by (name): Date Reviewed:			
Status Letters:				
1. Date Sent:	Summary:			
2. Date Sent:	Summary:			
Membership	Accepted Denied	Da	te:	
Reason Denied:		Tri	bal ID:	