



Mendota Mdewakanton Dakota Tribal Community Membership Application

Mendota Mdewakanton Dakota Tribal Community
1351 Sibley Memorial Hwy, Mendota, MN 55150
Postal: P.O. Box 50835, Mendota, MN 55150

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Mendota Mdewakanton Dakota Tribal Community Membership Application Process

Step 1. Applicant submits a completed MMDC Enrollment Application, along with all necessary attachments and a \$180 application fee to: Contributions are \$15.00 a month after you are a member. We do have ACH Payments you can set up. For more information about ACH visit www.mendotadakota.com/ach

Membership Committee
Mendota Mdewakanton Dakota Tribal Community
1351 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: Descendancy, Lineal, Honorary, or Adopted.
- Denied – MMDTC Membership Committee sends a letter to the applicant explaining why their application has been denied.

Applicant's Full Name: *[Please Print]* _____

Part A. 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 census of Mendota from 1800 - 1900
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).

(Please Print Clearly)

Part B. 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 or Any census of Mendota from 1800 – 1900. 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 C. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mdewakanton blood Degree _____	
Enrolled with another tribe? (if yes, a conditional relinquishment form is required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the tribe: _____	

Part D. About Your Family History – Your Father:			
Last Name	First Name	M.I.	Mdewakanton Blood Degree
Date of Birth	Place of Birth <i>(city, county, state)</i>		
Date of Death	Place of Death <i>(city, county, state)</i>		
Enrolled with another tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 E. About Your Family History – Your Mother:

Last Name	First Name	M.I.	Mdewakanton Blood Degree
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Date of Birth	Place of Birth	(city, county, state)
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Date of Death	Place of Death	(city, county, state)
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Enrolled with another tribe? Yes No Name of the tribe: _____

Mother's Father Last Name	First Name	M.I.	Mdewakanton Blood Degree
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Mother's Mother Maiden Name	First Name	M.I.	Mdewakanton Blood Degree
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Part F. Proof of Descendancy -The Dakota ancestor from whom you are descended:

Last Name	First Name	M.I.	Mdewakanton Blood Degree
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Census used: _____ Census ID Number: _____

Evidence (originals or certified copies) of your birth date and parentage **must** be attached.

- Birth or Baptismal Certificate
- Marriage Certificate (if your name was changed)
- Family Tree (form attached)

Please include all certificates connecting you to your Dakota ancestor listed above.

Originals or certified copies of other documents which may be helpful in determining your eligibility can be submitted with this application for each person named on your family tree:

- Birth Certificate
- Baptismal Certificate
- Death Certificate
- Parent's Tribal Enrollment Verification
- School Records
- Military Service Records
- Census ID Number
- Marriage Certificate

Part G. 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:

Date:

(seal)

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:

Status Letters:

1. Date Sent:	Summary:
2. Date Sent:	Summary:
3. Date Sent:	Summary:
4. Date Sent:	Summary:
5. Date Sent:	Summary:

Membership Accepted Denied

Date:

Reason Denied:

Member ID:

Name: _____
Address: _____
Telephone: (A/C _____)

ANCESTRY CHART

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

CHART NO.

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]

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

8 (Father of No. 4) cont. chart

9 (Mother of No. 4) cont. chart

10 (Father of No. 5) cont. chart

11 (Mother of No. 5) cont. chart

12 (Father of No. 6) cont. chart

13 (Mother of No. 6) cont. chart

14 (Father of No. 7) cont. chart

15 (Mother of No. 7) cont. chart

4 (Father of No. 2)

5 (Mother of No. 2)

6 (Father of No. 3)

7 (Mother of No. 3)

2 (Father of No. 1)

3 (Mother of No. 1)

1 (Spouse of No. 1)

b. p.b. m. p.m. d. p.d.

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.

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)