



Mendota Mdewakanton Dakota Community Membership Application Process

- Step 1.** Applicant submits a completed MMDC Enrollment Application, along with all necessary attachments and a \$180 application fee to:
- Membership Committee
Mendota Mdewakanton Dakota Community
340 River Rd
P O Box 50835
Mendota, MN 55150
- Step 2.** A member of the MMDC 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 – MMDC Membership Committee communicates, in writing, to the applicant that further information or documentation is needed.
 - Inaccurate – MMDC 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 – MMDC Membership Committee sends a letter to the applicant describing which type of membership has been granted: Descendency, Lineal, Honorary, or Adopted.
 - Denied – MMDC Membership Committee sends a letter to the applicant explaining why their application has been denied.



Applicant Name: _____

Mendota Mdewakanton Dakota Community Enrollment Application

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).

(Please Print Clearly)

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: ()

Mendota Mdewakanton Dakota Community Enrollment Application

Part III. About You			
Last Name	First Name	M.I.	Sex: <input type="checkbox"/> M <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, a conditional relinquishment form is required)		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 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

Mendota Mdewakanton Dakota Community Enrollment Application

Part IV. About Your Family History – Your Mother:

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: _____	
Mother's Father Last Name	First Name	M.I.	Mdewakanton Blood Degree
Mother's Mother Maiden Name	First Name	M.I.	Mdewakanton Blood 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:	
<p>Evidence (originals or certified copies) of your birth date and parentage must be attached.</p> <ul style="list-style-type: none"> • Birth or Baptismal Certificate • Marriage Certificate (if your name was changed) • Family Tree (form attached) <p><i>Please include all certificates connecting you to your Dakota ancestor listed above.</i></p>			
<p>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:</p> <ul style="list-style-type: none"> • Birth Certificate • Baptismal Certificate • Death Certificate • Parent's Tribal Enrollment Verification • School Records • Military Service Records • Census ID Number • Marriage Certificate 			

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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:

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: