

**Membership Application: Mendota Mdewakanton Dakota Tribal Community**

1351 Sibley Memorial Hwy, Mendota, MN 55150

Postal: PO Box 50835, Mendota, MN 55150

Phone: 651-452-4141 Email: mendotadakota@gmail.com



**Step 1.** Applicant submits completed MMDC Enrollment Application, along with all necessary attachments and \$180 application fee, then dues of \$20.00 per month.

**Membership Committee**

Mendota Mdewakanton Dakota Tribal Community

1351 Sibley Memorial Hwy

PO 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 application has been denied.

**PART A: MEMBERSHIP CRITERIA**

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.

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).

| <b>PART B: ABOUT YOU</b>                                |                |             |          |
|---------------------------------------------------------|----------------|-------------|----------|
| Today's Date:                                           |                |             |          |
| 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:                                                  |                |             |          |
| Date of Birth:                                          | Place of Birth |             |          |
| Are you a U.S. Citizen? Yes No Mdewakanton blood Degree |                |             |          |
| Enrolled with another tribe? Yes No Name of the tribe:  |                |             |          |
| (if yes, a conditional relinquishment form is required) |                |             |          |

| <b>PART C: PROOF OF DESCENDANCY (DAKOTA ANCESTOR FROM WHOM YOU ARE DESCENDED)</b>                       |            |                   |                          |
|---------------------------------------------------------------------------------------------------------|------------|-------------------|--------------------------|
| Last Name                                                                                               | First Name | M.I.              | Mdewakanton Blood Degree |
| Census used:                                                                                            |            | Census ID Number: |                          |
| Evidence (originals or certified copies) of your birth date and parentage must be attached.             |            |                   |                          |
| Birth or Baptismal Certificate, Family Tree (form attached), Marriage Certificate (if name was changed) |            |                   |                          |

| <b>PART C: SUBSECTION 1. ABOUT YOUR FAMILY HISTORY – YOUR FATHER:</b> |                |      |                          |
|-----------------------------------------------------------------------|----------------|------|--------------------------|
| Last Name                                                             | First Name     | M.I. | Mdewakanton Blood Degree |
| <i>(city, county, state)</i>                                          |                |      |                          |
| Date of Birth                                                         | Place of Birth |      |                          |
| <i>(city, county, state)</i>                                          |                |      |                          |
| Date of Death                                                         | Place of Death |      |                          |
| 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 |

| <b>PART C: SUBSECTION 2 ABOUT YOUR FAMILY HISTORY – YOUR MOTHER:</b> |                                             |      |                          |
|----------------------------------------------------------------------|---------------------------------------------|------|--------------------------|
| 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? Yes 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 |
|                                                                      |                                             |      |                          |

| <b>PART D: VERIFICATION</b>                                                                                                                                               |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 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: |
|                                                                                                                                                                           |       |
| Notary Signature (SEAL):                                                                                                                                                  | Date: |
|                                                                                                                                                                           |       |

| <b>COMPLETE THIS SECTION IF APPLICATION IS FILED ON BEHALF OF ANOTHER PERSON</b> |      |       |          |
|----------------------------------------------------------------------------------|------|-------|----------|
| Name of person filing application:                                               |      |       |          |
| Address                                                                          | City | State | Zip Code |
| Relationship to applicant:                                                       |      |       |          |

| <b>FOR OFFICE USE ONLY</b> |                                    |            |
|----------------------------|------------------------------------|------------|
| Date Received:             | Date Reviewed:                     | Tribal ID: |
|                            |                                    |            |
| Received by (name):        | Membership Was: Accepted or Denied |            |
| Reason For Denial:         |                                    |            |
|                            |                                    |            |

**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 \_\_\_\_\_)

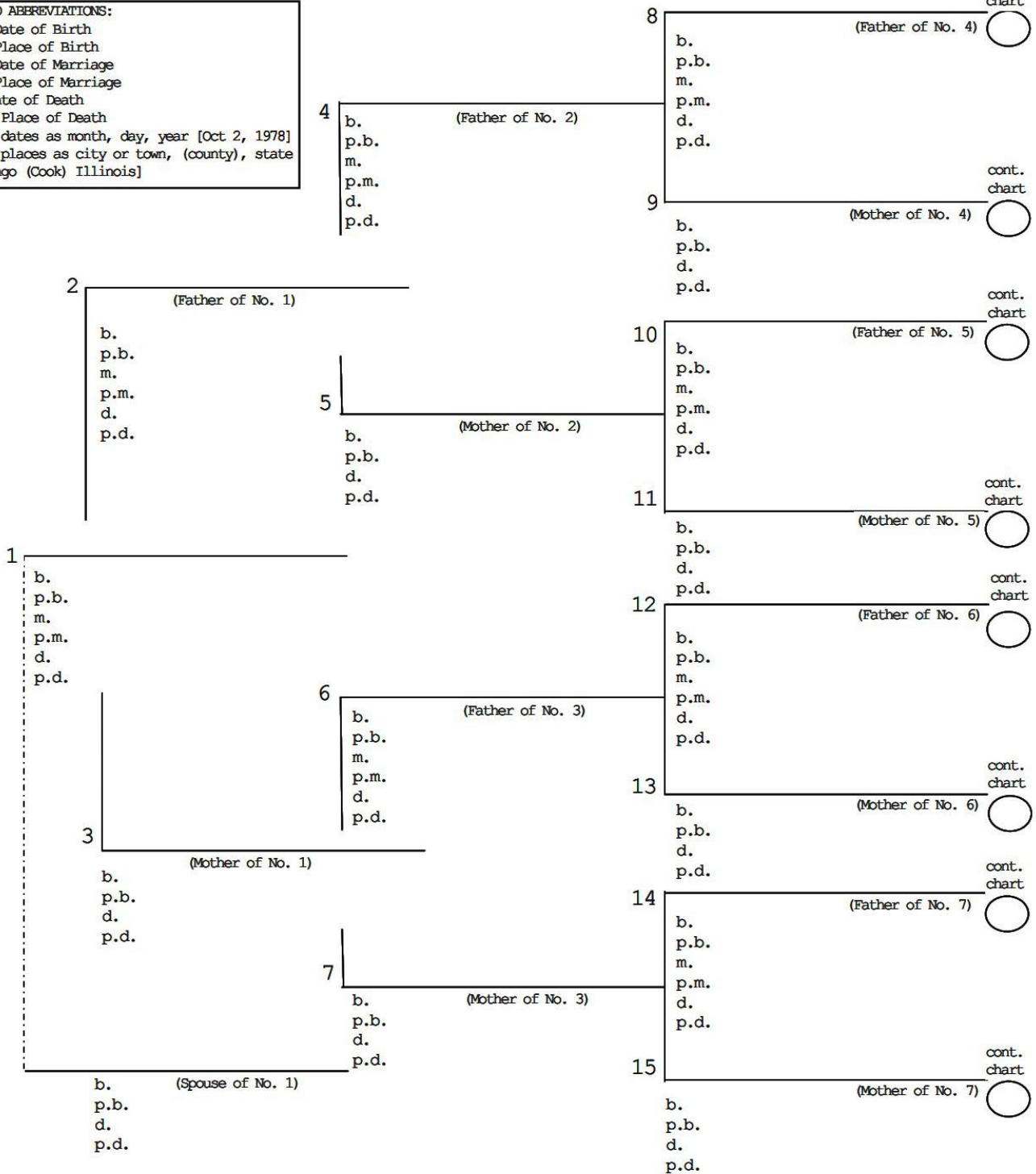
# ANCESTRY CHART

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

CHART NO.

**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.



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