



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).

PART B: ABOUT YOU			
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)			

PART C: PROOF OF DESCENDANCY (DAKOTA ANCESTOR FROM WHOM YOU ARE DESCENDED)			
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)			

PART C: SUBSECTION 1. ABOUT YOUR FAMILY HISTORY – YOUR FATHER:			
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

PART C: SUBSECTION 2 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? 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

PART D: 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:
Notary Signature (SEAL):	Date:

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

FOR OFFICE USE ONLY		
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 _____)

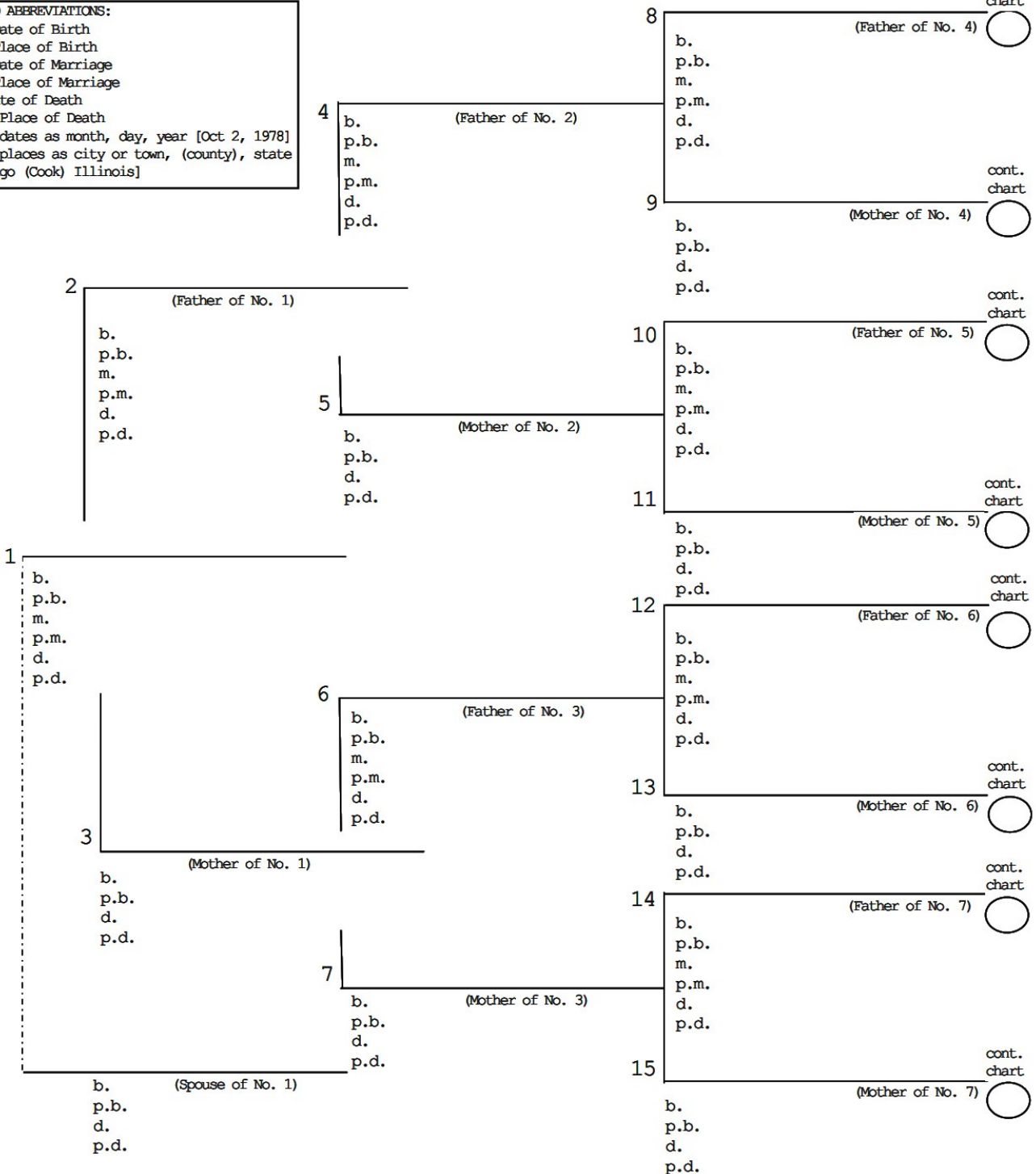
ANCESTRY CHART

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.



Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor sponsor, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Attn: Information Collection Clearance Officer—Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.