



# Mendota Mdewakanton Dakota Tribal Community

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1200 Centre Pointe Curve, Mendota Heights, MN 55120  
MMDTC is a Non-Profit 501-C3-41563 Tribal Organization

*"To preserve, protect, and promote the Dakota culture for future generations."*

## Honorary Guest Application Form

### Part I. Honorary Guest Application Process (Honorary means you are not a lineal member)

- Step 1.** Applicant submits a completed MMDC Membership Application form and the application fee to:  
Membership Committee: Mendota Mdewakanton Dakota Community  
1200 Centre Pointe Curve, Mendota Heights, MN 55120
- Step 2.** The MMDC Membership Committee reviews application form for completeness and submits to Tribal Council for approval.
- Step 3.** Tribal Council approves or denies membership and notifies the Membership Committee.
- Step 4.** Membership Committee sends welcome or denial letter to applicant. If approved Membership Committee includes membership certificate with letter.

### Part II. Required Fees

- Application Fee: \$50
- Monthly membership fees: \$20 (due on 1<sup>st</sup> of each month following approval of application)

We are a 501(c)(3) nonprofit organization. All fees are considered donations and are 100% tax deductible.

### Part III. About You **Today's Date:** M/D/Y \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Demographics)

|  |  |            |      |   |       |  |          |
|--|--|------------|------|---|-------|--|----------|
| 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: ( )   |       |  |          |
| Mobile phone: ( )  |  |            |      | Fax: ( )  |       |  |          |
| Email Address:   |  |            |      |   |       |  |          |
| Date of Birth:   |  |            |      | Enrolled with another tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No                         |       |  |          |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |            |      | Name of the tribe:  |       |  |          |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married         |  |            |      | Employer name:  |       |  |          |
| To help us determine which programs to provide please list your children(s) age and sex: |  |            |      | Does your employer have a matching gifts program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       |  |          |
| Income:  |  |            |      |   |       |  |          |
| <input type="checkbox"/> \$0 - \$25,999  |  |            |      |   |       |  |          |
| <input type="checkbox"/> \$25,000 – \$49,000   |  |            |      |   |       |  |          |
| <input type="checkbox"/> \$50,000 - \$74,999   |  |            |      |   |       |  |          |
| <input type="checkbox"/> \$75,000 or more  |  |            |      |   |       |  |          |

If we called on you to volunteer, what skills or knowledge are you willing to share with us?