

FINAL ENROLLMENT APPLICATION

SECTION I - PERSONAL IDENTIFICATION & CONTACT INFORMATION

Name (First)	(Middle)	(Last)
A.k.a. (First)	(Middle)	(Last)
/	/	/
Date Of Birth	Sex	Social Security Number
( )	( )	( )
Home Phone	Mobile Phone	Alternate Phone
	@	( )
Email	Application Number	Fax
Address (Street)	(City)	(PO Box/Apt) (State) (ZIP)
Mailing Address (Street)	(City)	(PO Box/Apt) (State) (ZIP)

SECTION II - ANCESTRAL CLAIM

Please list the biological ancestor(s) through whom enrollment rights are claimed:

Mother's Name (First)	(Middle)	(Last)
Father's Name (First)	(Middle)	(Last)

SECTION III - TRIBAL AFFILIATION

Are you an enrolled member of another Tribe(s) or Band(s)?

Yes or No	If so, please list the name of the Tribe(s) or Band(s)...

Are either of your biological parents an enrolled member of another Tribe(s) or Band(s)?

Yes or No (Mother)	If so, please list the name of the Tribe(s) or Band(s)...

Yes or No (Father)	If so, please list the name of the Tribe(s) or Band(s)...

BE AWARE THAT the Applicant bears the burden of establishing proof of eligibility for membership. Proof of eligibility for membership requires that the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation be provided with sufficient and reliable supporting evidence of membership eligibility along with a complete and accurate final enrollment application (here after referred to as the application) form signed and dated by the Applicant or a person authorized to submit an application on behalf of the Applicant. Once the application and supporting evidence is received by the S,SC, & BR Bands of the Chippewa Nation, the Secretary, the Office of the Secretary, shall have one hundred and eighty (180) days to accept or reject the application. Only the S, SC, & BR Bands of the Chippewa Nation has authority to grant membership in the organization, which decision shall be final for said organization. Any person who intentionally provides false or misleading information to the S, SC, & BR Bands of the Chippewa Nation relating to a membership application or knowingly fails to provide the organization with information which tends to disprove an Applicant's eligibility for membership with the intent of defrauding the organizational membership benefits shall be subject to criminal and/or civil penalties.

CERTIFICATION

I certify under penalty of law that all information submitted into evidence to the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation by me or by others with my knowledge to establish the Applicant eligibility for membership is accurate and complete and that no information tending to disprove eligibility for membership has been withheld.

		/	/
Signature	Relationship To Applicant	Date	FORM S-SC-BR FEA-2024