

SAGINAW, SWAN CREEK & BLACK RIVER BANDS OF THE CHIPPEWA NATION

P.O. Box 3544, Saginaw, MI 48601-3544

Email: dibendaagoziwigamig@mail.com

Phone: (989) 546-3613

FINAL ENROLLMENT APPLICATION SAMPLE

SECTION I - PERSONAL IDENTIFICATION & CONTACT INFORMATION

John	Julieus	Wilson		
Name (First)	(Middle)	(Last)		
Awbetawawnawquot	NA	NA		
A.k.a. (First)	(Middle)	(Last)		
11/23/70	Male	123/45/6789		
Date Of Birth	Sex	Social Security Number		
(901) 231-1716	(901) 533-6213	(901) 231-1855		
Home Phone	Mobile Phone	Alternate Phone		
johnj@yippe.com	A12345	(901) 231-1175		
Email	Preliminary Application Number	Fax		
112 N. Westernbound	Carlton		CA	90211
Address (Street)	(City)	(PO Box/Apt)	(State)	(ZIP)
Same				
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:

Louisa	Janeatte	Iyawbanse
Mother's Name (First)	(Middle)	(Last)
NA		
Father's Name (First)	(Middle)	(Last)

SECTION III - TRIBAL AFFILIATION

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

No	
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)?

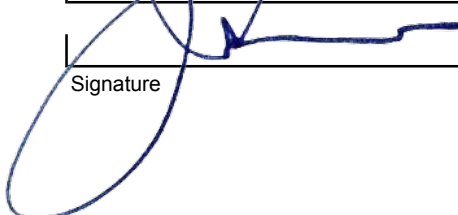
Yes	Kettle & Stoney Point First Nation
Yes or No (Mother)	If so, please list the name of the Tribe(s) or Band(s)...

No	
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 (Here after referered to as the "Tribe") be provided with sufficient and reliable supporting evidence of membership eligibility along with a complete and accurate final enrollment application form signed and dated by the Applicant, or other person authorized to submit an application on behalf of the Applicant. Once the application and supporting evidence is received by the Tribe, the Secretary, the Office of the Secretary, shall have one hundred and eighty (180) days to accept or reject the application. Only the Tribe 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 Tribe 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.

	Self	1/1/25
Signature	Relationship To Applicant	Date