



## The Grand Traverse Band of Ottawa and Chippewa Indians

2605 N West Bay Shore Dr • Peshawbestown, MI 49682-9275 • (231) 534-7101

### APPLICATION FOR ENROLLMENT FOR FUTURE MEMBERS Into The Grand Traverse Band of Ottawa and Chippewa Indians

#### **Tribal Constitution Article II MEMBERSHIP Section 1, b, (2)**

Descendants of members are eligible for enrollment as members if they are of at least one-fourth (1/4) Indian blood, of which at least one-eighth (1/8) must be Michigan Ottawa and/or Chippewa blood.

#### **Title 7 Grand Traverse Band Code Section 5. Enrollment Procedure for Future Membership**

- 5.02 A separate application is required for each individual seeking enrollment or for whom enrollment is sought.
- 5.03 The burden of proof rests with each person submitting an application for enrollment to establish the applicant's eligibility for enrollment pursuant to section 4 of this ordinance
- 5.04 Documentary evidence...
  - a. Only original documents shall be accepted...
  - b. Only the Membership Office shall receive the original birth certificates and only the parent(s) listed on the birth certificate shall be counted.
  - c. If paternity is a contested question of fact or if insufficient documentation exists to establish paternity, an enrollment applicant may, with the voluntary consent of the parties, undergo blood, tissue typing and/or genetic marker tests...

Please read the Tribal Enrollment Ordinance which may be found on our website for further detail. Our website address is: [www.gtbindians.org](http://www.gtbindians.org)



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### Instructions for Completing the Application for the Enrollment of a Future Member

Any incomplete application will be considered invalid and returned to the applicant.

1. Complete the entire application for enrollment. Leave no question unanswered.
2. Fill out the attached family tree form to the best of your knowledge. Blood quantum lines must be left blank. They will be completed by our staff.
3. Provide original copies of birth records/certificate. Please note that we will not use hospital records of birth. You must provide a state certified record listing the applicant's birth parents. Our office will mail the original back to you.
4. Provide original copies of any other documents that will allow us to trace the applicant's lineage to the Durant Roll.
5. Provide original copies of documents that may have legally changed the applicant's name including marriage licenses, divorce decrees and family adoptions.
6. Provide the applicant's original Social Security Card. Our office will mail the original back to you.
7. Attach copies of records needed to demonstrate that you have a parent or grandparent on our Base Roll.

We may request other information we feel is necessary to complete the process.

No person shall be eligible for enrollment if he or she is an enrolled member of another Federally Recognized Tribe, Band or Group. GTB recommends that the applicant who is currently enrolled with another Tribe, does not relinquish their membership with that Tribe until they are notified that they are eligible for enrollment in the Grand Traverse Band.

The applicant's family tree will be researched to determine the applicant's blood quantum. Once all documents have been provided and the research is complete the applicant's application will be forwarded to the Membership Coordinator (Department Manager) for their consideration.

If the applicant is accepted as a member of the Grand Traverse Band of Ottawa and Chippewa Indians a Tribal Identification card will be issued.

**I have read and understand the instructions given.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant or Parent/Guardian if under 18



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## APPLICATION FOR ENROLLMENT FOR FUTURE MEMBERS

Into The Grand Traverse Band of Ottawa and Chippewa Indians

**When completing the application for a minor:  
The answers you provide are the answers for the applicant.**

**ALL questions must be answered or the application will be denied.**

**The most current application will be used. (See bottom left for revision date)**

Applicant's Full Name: \_\_\_\_\_

Has the applicant ever had a name change? \_\_\_\_ Please list all maiden, married, adopted and other names used: \_\_\_\_\_

What document was used to make this name change?  Affidavit of Parentage  Court Documents

DNA Test Results  Other, please explain \_\_\_\_\_

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

County of residence: \_\_\_\_\_

Does the applicant live on the GTB Reservation? \_\_\_\_\_ GTB Trust Land? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Tribal Affiliation \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

List the applicant's parent(s) and/or grandparent(s) on the GTB Base Roll \_\_\_\_\_

Are there other members of the applicant's family enrolled with the Tribe? \_\_\_\_\_ If so, who? \_\_\_\_\_  
And, how are they related to the applicant? \_\_\_\_\_

Does the applicant have ancestors or family members listed on the Durant Roll? \_\_\_\_\_ If so, who? \_\_\_\_\_  
And, how are they related to the applicant? \_\_\_\_\_

Has the applicant ever been legally adopted? \_\_\_\_\_ If so, list the County and State of the adoption \_\_\_\_\_

Are the parents listed on the birth certificate the biological parents of the applicant? \_\_\_\_\_  
If not, please list the applicant's biological parent's names: \_\_\_\_\_

Have there been any amendments or additions, deletions or other changes to the applicant's birth certificate? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

Is the applicant an enrolled member of another federally recognized Tribe, Band or Group? \_\_\_\_\_  
If so, which? \_\_\_\_\_

Are the applicant's parents enrolled members of another federally recognized Tribe, Band or Group? \_\_\_\_\_  
If so, which Tribe? \_\_\_\_\_

Have the applicant's parents ever had a name change? Please list all maiden, adopted and other names used: \_\_\_\_\_

**I wish to be considered for membership in the Grand Traverse Band of Ottawa and Chippewa Indians. I understand that my application submission is no guarantee of acceptance.**

**I declare that all documents and statements contained herein are true and genuine. I understand that falsification of any information contained in this application packet may subject the applicant to criminal offenses. It may also result in an immediate denial of membership.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant or Parent/Guardian if under 18

Please mail this application to: The Grand Traverse Band of Ottawa and Chippewa Indians  
2605 N West Bay Shore Dr  
Peshawbestown, MI 49682-9275  
ATTN: MEMBERSHIP OFFICE