



The Grand Traverse Band of Ottawa and Chippewa Indians

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

APPLICATION FOR MEMBERSHIP BY TRIBAL ADOPTION Into The Grand Traverse Band of Ottawa and Chippewa Indians

Tribal Constitution Article II MEMBERSHIP Section 1, b, (3)

- a. Any person may be adopted into the Grand Traverse Band by a majority vote of the Tribal Council, if that person is at least of one-fourth (1/4) Indian blood and if that person can also demonstrate, by other means, substantial community ties to the Band.
- b. Persons who become members of the Grand Traverse Band of Ottawa and Chippewa Indians through the adoption procedure shall thereupon enjoy and be entitled to all the rights and privileges associated with membership in the Grand Traverse Band.

Title 7 Grand Traverse Band Code Section 6. Membership by Tribal Adoption

Section 2.01(w) Substantial community ties – “Substantial Community Ties” means for the purpose of Article II 3(a) of the Tribal Council’s authority to confer membership rights on any person that the person establishing that he or she is one-fourth (1/4) degree Indian of which one- eighth (1/8) must be Grand Traverse Band shall suffice as establishing grounds to adopt the person for purposes of membership provided, however, that the person to be adopted shall have been a resident and domiciliary of the GTB’s six-county service area for a period of three (3) years immediately prior to the adoption.

6.02(a) The applicant must verify residency and be domiciled in the six county service area with substantiated proof of residency.

Section 2.01(v) Six-county service area – Defined as the six-county area of Antrim, Benzie, Charlevoix, Grand Traverse, Leelanau, and Manistee of the State of Michigan which the Tribe has jurisdiction over its membership.

Revised 9/2006
Revised 5/2009
Revised 6/2009
Revised 7/2010
Revised 12/2014



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Instructions for Completing the Application for Tribal Adoption

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 divorce decrees and family adoptions.
6. Provide the applicant's original Social Security Card. Our office will mail the original back to you.
7. Provide proof of where the applicant has resided for the last three (3) years.

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 your application will be forwarded to the Membership Coordinator and then the Tribal Council for their consideration. If Tribal Council chooses to further consider your application you will be contacted and told when you must appear for a closed session meeting with the Tribal Council and the Membership Coordinator.

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 MEMBERSHIP BY TRIBAL ADOPTION

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 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 _____

Applicant's Telephone (____) _____ Applicant's Social Security # _____ - _____ - _____

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Revised 7/2010
Revised 12/2014

Applicant's Full Name: _____

Is any member of the applicant's immediate family on the GTB Base Roll? _____ If so who? _____ And, how are they related to the applicant? _____

Are there any 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 listed on the Durant Roll? _____ If so, who? _____ And, how are they related to the applicant? _____

Has the applicant 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 Tribe? _____

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

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

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THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS FAMILY TREE FORM

ROLL NUMBER

(PARENTS)

(GRANDPARENTS)

(GREAT GRANDPARENTS)

(GREAT GREAT GRANDPARENTS)

DOB: _____ Date of Birth
 DOD: _____ Date of Death
 DOM: _____ Date of Marriage
 POB: _____ Place of Birth
 NOM: _____ Number of Marriages
 NA: _____ Not Applicable
 NI: _____ Non-Indian
 AKA: _____ Also Known As

Father: _____
 AKA: _____
 DOB: _____
 POB: _____
 DOD: _____
 NOM: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 POB: _____
 DOD: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Applicant: _____
 AKA: _____
 Maiden: _____
 DOB: _____
 POB: _____
 Soc. Sec. #: _____
 DOD: _____
 Phone #: _____
 Brothers & Sisters: _____

Mother: _____
 AKA: _____
 Maiden: _____
 DOB: _____
 POB: _____
 DOD: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 Maiden: _____
 DOB: _____
 POB: _____
 DOD: _____
 DOM: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 POB: _____
 DOD: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 Maiden: _____
 DOB: _____
 POB: _____
 DOD: _____
 DOM: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Brothers & Sisters: _____
 Mother: _____
 AKA: _____
 Maiden: _____
 DOB: _____
 POB: _____
 DOD: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Mother: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Father: _____
 AKA: _____
 DOB: _____
 Blood Quantum: _____

Date of Enrollment: _____
 Date Reviewed: _____
 Reviewed By: _____

This document has been completed according to available records, and is subject to change upon additional documentation and/or new information and is CONFIDENTIAL.

COMMENTS (for office use only)