



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/departments/members.html



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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



**The Grand Traverse Band of
Ottawa and Chippewa Indians**

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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 _____

Telephone (____) _____ Social Security # _____ - _____ - _____

Spouse's Name _____ Spouse's Tribal Affiliation _____

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

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: _____ Father:
 AKA: _____ AKA:
 DOB: _____ DOB:
 POB: _____ Blood Quantum:
 DOD: _____ DOD:
 DOM: _____ NOM: _____ Mother:
 Blood Quantum: _____ AKA: _____ Father:
 NI: _____ DOB: _____ DOD: _____
 AKA: _____ Blood Quantum: _____ Mother:

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

Mother: _____ Mother:
 AKA: _____ AKA:
 Maiden: _____ Father:
 DOB: _____ DOB:
 POB: _____ Blood Quantum: _____
 DOD: _____ DOD:
 DOM: _____ NOM: _____ Mother:
 Blood Quantum: _____ AKA: _____ Father:
 NI: _____ DOB: _____ DOD: _____
 AKA: _____ Blood Quantum: _____ Mother:

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

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

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

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

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

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

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

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