



2872 Mission Drive, Shelbyville, MI 49344 | {p} 269.397.1780 | gunlaketribe-nsn.gov

As of May 2, 2016; Enrollment is only open to children under the age of 18 born to a Citizen or Citizens of Match-E-Be-Nash-She-Wish Band of Pottawatomi.

Please note the following:

- The applicant cannot be currently enrolled in a State or Federally recognized Indian Tribe. The *Enrolled Status Verification Form* included in this packet **must** be notarized and completed. Any supporting documents pertaining to relinquishment should be provided to the enrollment department as an attachment to the enrollment application.
- The applicant will maintain the burden of proof for proving citizenship. The family tree included in this packet must be completed and turned in along with supporting documents (such as birth certificates, death certificates, etc.).
- The Enrollment Committee will only consider applications from individuals who meet the criteria. Individuals seeking enrollment must comply with all application requirements and procedures set forth in the Enrollment Ordinance.

- **Completed** applications must be turned in to Tribal Member Benefits by email tmb@glt-nsn.gov or by mail:

Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians
Tribal Member Benefits Department
2872 Mission Drive
Shelbyville, MI 49344

Questions or concerns may be addressed to Tribal Member Benefits or any Tribal Enrollment Committee Member at (269) 397-1780.

Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians
Application for Enrollment

ENROLLMENT GUIDELINES

1. When enrolling a minor, the parent must sign the application on behalf of the child.
2. You must submit a copy of the applicant's county/state issued birth certificate.
3. You must submit a copy of the applicant's social security card.
4. Please complete the form in its entirety. Partial applications will not be accepted.

APPLICANT INFORMATION

Name (First)	Middle	Last	(Jr., Sr., etc.)	Male/Female
Indian, Maiden, or other Alias	Telephone Number	Email Address		
Mailing Address	City	State	Zip	
Date of Birth	Place of Birth	Social Security Number		
Are you a registered U.S. voter?:	Yes	No		

ENROLLMENT CRITERIA (check all criteria that apply under category A, B, or C, for which you are applying for MBPI citizenship)

A) Applicant's name appears on October 25, 1993 Base Roll

Name of Person on Roll	Roll #
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B) Applicant is a direct Indian blood relative (defined as mother, father, brother, sister, aunt, uncle, grandfather or grandmother) of an individual listed on October 25, 1993 Base Roll

Name and relationship of direct relative on Roll	Roll #
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C) Applicant is a child of Indian decent born to a current MBPI Citizen; and, was also under the age of eighteen (18) at the time Resolution 16-951 was approved.

Name of Parent	Roll #
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Are you or your parents enrolled as a member of a Federally Recognized Tribe?: If yes, Yes No

with what Tribe?: _____

Is applicant an adopted child?: Yes No

***No person who is enrolled or recognized as a member of any other federally recognized tribe, band, or group shall not be accepted into the Gun Lake Tribe, unless documented proof of tribal/band membership relinquishment is submitted. (MBPI Tribal Constitution Article V, Sec. (1)(C)(5))**

Please enclose a COPY of your Certified Degree of Indian Blood (CDIB) card, if one has been issued to you by the Bureau of Indian Affairs (BIA).

Section 2.06 of the Enrollment Ordinance reads: Documentary evidence such as birth certificates, death certificates, baptismal records, copies of probate findings, court decisions, or affidavits may be used to support enrollment. The Bureau of Indian Affairs records of the Tribe may also be used to establish eligibility. The Tribal Enrollment Clerk may utilize documents submitted on behalf of one family member in determining another family member's eligibility.

Signature of Applicant _____ Date _____

If Application is filled out on behalf of another person because Applicant is not of age (18), complete the following:

Name of person filling out Application _____

Mailing Address _____

Relationship to Applicant: _____ Telephone Number: _____

----- (DO NOT WRITE BELOW THIS LINE) -----

Application Number: _____ Date Received: _____

Recommendation of Enrollment Committee:

Approve _____

Reject because: _____



Gun Lake Genealogy and Family Tree Form

Legend
D.O.B. = Date of Birth **D.O.D.** = Date of Death
D.O.M. = Date of Marriage **B.P.** = Birth Place
A.K.A. = Also Known As/Nickname or Neshnabé Noswen
Tribal ID # = ID # or Roll Number and Field Note Page

Please return this form to: Gun Lake Tribe
 Enrollment Department
 2872 Mission Dr.
 Shelbyville, MI 49344
 Phone 269.397.1780

1. Your Information

Full Name: _____
 A.K.A. _____
 Neshnabé Noswen: _____
 Maiden: _____
 D.O.B.: _____
 B.P.: _____
 Tribe: _____ Tribal ID #: _____
 Clan: _____
 Phone #: _____

Your Brothers / Sisters

First Name Last Name D.O.B.

Do any siblings have different parent? Y N

N If yes, which ones and which parent?

Sibling Name Other Parent Name

Sign: _____

Date: _____

2. Your Father

Full Name: _____
 A.K.A. _____
 Neshnabé Noswen: _____
 D.O.B.: _____
 B.P.: _____
 Tribe: _____ Tribal ID # _____
 Clan: _____
 Phone #: _____

Your FATHER'S Brothers / Sisters

First Name Last Name D.O.B.

Do his siblings have different parent? Y N If yes,
 which ones and which parent?

Sibling Name Other Parent Name

3. Your Mother

Full Name: _____
 A.K.A. _____
 Neshnabé Noswen: _____
 Maiden Name: _____
 D.O.B.: _____
 B.P.: _____
 Tribe: _____ Tribal ID # _____
 Clan: _____
 Phone #: _____

Your MOTHER'S Brothers / Sisters

First Name Last Name D.O.B.

Do his siblings have different parent? Y N

N If yes, which ones and which parent?

Sibling Name Other Parent Name

4. Your Grandfather

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____
 D.O.D.: _____
 Tribe: _____ Tribal /Roll ID # _____
 Clan: _____

Your GRANDFATHER'S Brothers / Sisters

First Name Last Name D.O.B.

5. Your Grandmother

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____
 D.O.D.: _____
 Tribe: _____ Tribal/Roll ID # _____
 Clan: _____

Your GRANDMOTHER'S Brothers / Sisters

First Name Last Name D.O.B.

6. Your Grandfather

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____
 D.O.D.: _____
 Tribe: _____ Tribal/Roll ID # _____
 Clan: _____

Your GRANDFATHER'S Brothers / Sisters

First Name Last Name D.O.B.

7. Your Grandmother

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____
 D.O.D.: _____
 Tribe: _____ Tribal/Roll ID # _____
 Clan: _____

Your GRANDMOTHER'S Brothers / Sisters

First Name Last Name D.O.B.

8. Your Great Grandfather

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal ID #: _____
 Clan: _____

9. Your Great Grandmother

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____

10. Your Great Grandfather

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____

11. Your Great Grandmother

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____

12. Your Great Grandfather

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____

13. Your Great Grandmother

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____

14. Your Great Grandfather

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____

15. Your Great Grandmother

Name: _____
 A.K.A./Neshnabé Noswen: _____
 D.O.B.: _____ D.O.D. _____
 Tribe: _____ Tribal/Roll ID #: _____
 Clan: _____



ENROLLED STATUS VERIFICATION FORM

I, _____, hereby verify I am not currently enrolled in a State or Federally recognized Indian Tribe, band or group.
(name of applicant)

Signature

OR

I, _____, hereby verify that my minor child, _____, is
(name of parent/guardian) (name of minor child)

not currently enrolled in a State or Federally recognized Indian Tribe, band or group.

Signature

NOTARY PUBLIC

Given under my hand and seal of office, this ____ day of _____, 20 ____.

Signature: _____

Printed Name: _____

County of: _____

Acting in County of: _____

State of: _____