



APPLICATION FOR TRIBAL MEMBERSHIP ENROLLMENT COVER PAGE

*****PLEASE READ CAREFULLY*****

Complete the attached application to the best of your knowledge. In order for this application to be reviewed in a timely manner at an upcoming Enrollment Committee Meeting the following documents **MUST** be submitted:

1. **Original State Issued Birth Certificate**
2. **Copy of the Original Social Security Card**
3. **Legal Guardianship or Adoption Documents** *** If Applicable*

The Original Birth Certificate and/or any other documents submitted along with this application will be **KEPT** on file in the Tribal Operations & Enrollment Department until the application has been completely processed, at which time, you must **REQUEST** to have any originals and/or documents returned. Applications will not be processed and are considered incomplete until all of the above documents are received.

****PLEASE NOTE THAT IF YOU NEED TO PURCHASE ORIGINAL BIRTH CERTIFICATES, WE SUGGEST PURCHASING TWO OR MORE****

RETURN COMPLETED APPLICATION & REQUIRED DOCUMENTATION TO:

Lac du Flambeau Band of Lake Superior Chippewa Indians
Attn: Tribal Operations & Enrollment Department
PO Box 67
Lac du Flambeau, WI 54538

If you have any questions or need further assistance, please feel free to contact:

Jamie L. Ford
Enrollment Specialist
(715) 588-4304
JFord@ldftribe.com



Application for Tribal Membership Enrollment

Lac du Flambeau Band of Lake Superior Chippewa Indians
Tribal Operations/Enrollment Department Attn: Enrollment

P.O. Box 67

Lac du Flambeau, WI 54538

Receptionist Phone: (715) 588-4227 | Fax: (715) 588-3746

Membership Requirements Pursuant to Tribal Constitution Article II-Membership;

Section 2(a) states: "Any child of one-fourth (1/4) degree or more Lac du Flambeau Indian Blood born to any member shall be entitled to membership."

Section 4 states: "Any lineal descendant of a member of the Lac du Flambeau Band may be adopted by the Tribal Council, provided that such person shall possess one-fourth (1/4) degree or more of Lake Superior Chippewa Blood."

According to the Membership Ordinance; Lake Superior Chippewa Blood is defined as: Lac du Flambeau Lake Superior Chippewa, Sokaogon Chippewa Community Mole Lake Band of Wisconsin, Red Cliff Tribe, St. Croix Chippewa Tribe, Bad River Chippewa Tribe, Lac Courte Oreilles Chippewa Tribe, Mille Lacs Chippewa Tribe, Fond du Lac Chippewa Tribe, Bay Mills Indian Community, Lac Vieux Desert Chippewa Tribe, Keweenaw Bay Chippewa Tribe. (See back page)

SECTION 1: APPLICANT - VITAL INFORMATION

ORIGINAL BIRTH CERTIFICATE & COPY OF SOCIAL SECURITY CARD MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER TO BE CONSIDERED "COMPLETE" BEFORE PROCESSING.

Date: _____ Daytime Phone#: _(_____)_____

Applicant Name: _____
FIRST MIDDLE LAST

Applicant Mailing Address: _____
PO BOX/ROUTE# CITY STATE ZIP CODE

Applicant Physical Address: _____
(If different from mailing) ROUTE# CITY STATE ZIP CODE

Applicant Gender: Male Female Applicant Date of Birth: _____

Applicant Social Security #: _____ -- _____ -- _____

Applicant E-Mail Address: _____

Section below for Applicant over the Age of 18.

Is the Applicant Head of Household: Yes No

Is the Applicant a Veteran: Yes No

Applicant's Marital Status: Single Married Divorced Widowed Separated

THIS SECTION FOR LAC DU FLAMBEAU TRIBAL ENROLLMENT STAFF USE ONLY

Enrollment Staff: Please copy all original documents submitted with this application. Date stamp all copies.

Original Birth Certificate Submitted: Date: _____ Copy of Social Security Card Submitted: Date: _____

Other Document(s) Submitted: _____ Date: _____

Receptionist/Clerk Initial
Received Date Stamp Below:

Enrollment Specialist Initial
Received Date Stamp Below:

Enrollment Specialist Initial
Received Date Stamp Below:

SECTION 2: APPLICANT - BIOLOGICAL MOTHER INFORMATION

Biological mother of applicant: _____

Is biological mother married: Yes No If yes, maiden name: _____

Biological mother's nationality:

Native American Hispanic Black Caucasian

If checked Native American please answer the following questions: (If not please continue to Section 3)

Lac du Flambeau Tribal Member: Yes No Tribal ID #: _____ (If yes please continue to Section 3)

If biological mother is an enrolled member of another Tribe please provide the following information:

Enrolled Member of: _____

Enrollment #: _____

Enrollment Department Phone #: __ (____) _____

SECTION 3: APPLICANT - BIOLOGICAL FATHER INFORMATION

Biological father of applicant: _____

Biological father's nationality:

Native American Hispanic Black Caucasian

If checked Native American please answer the following questions: (If not please continue to Section 4)

Lac du Flambeau Tribal Member: Yes No Tribal ID #: _____ (If yes please continue to Section 4)

If biological father is an enrolled member of another Tribe please provide the following information:

Enrolled Member of: _____

Enrollment #: _____

Enrollment Department Phone #: __ (____) _____

SECTION 4: APPLICANT - LEGAL GUARDIAN(S) INFORMATION

Does the applicant have a legal guardian? Yes No (If no please continue to Section 5)

If yes, legal court document must be submitted with this application.

Legal Guardian(s) of Applicant: _____

Legal Guardian(s) Mailing Address: _____

Check here if same as applicant PO BOX/ROUTE# CITY STATE ZIP CODE

Legal Guardian(s) Physical Address: _____

(If different from mailing) ROUTE# CITY STATE ZIP CODE

Check here if same as applicant

Daytime Phone#: __ (____) _____ Email Address: _____

SECTION 5: APPLICANT – LEGAL ADOPTION INFORMATION

Has the Applicant been legally adopted? Yes No (If no please continue to Section 6)

If yes, legal court document(s) must be submitted with this application.

Has the Applicant's birth certificate been amended due to adoption? Yes No

If yes, amended birth certificate and social security card with name change must be submitted with this application.

Adoptive Parent(s) of Applicant: _____

Adoptive Parent(s) Mailing Address: _____

Check here if same as applicant PO BOX/ROUTE# CITY STATE ZIP CODE

Adoptive Parent(s) Physical Address: _____

(If different from mailing) ROUTE# CITY STATE ZIP CODE

Check here if same as applicant

Daytime Phone#: _(____)_____ Email Address: _____

SECTION 6: APPLICANT - OTHER LAKE SUPERIOR CHIPPEWA BLOOD

Is Applicant claiming any other Lake Superior Chippewa Blood: Yes No (If no please continue to Section 7)

Tribe	Check 1 Each		Applicant/Parent/Legal Guardian – Initials
	Yes	No	
Bad River Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Bay Mills Indian Community	<input type="checkbox"/>	<input type="checkbox"/>	
Fond du Lac Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Keweenaw Bay Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Lac Courte Oreilles Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Lac Vieux Desert Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Mille Lacs Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Red Cliff Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	
Sokaogon Chippewa Community – Mole Lake Band	<input type="checkbox"/>	<input type="checkbox"/>	
St. Croix Chippewa Tribe	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 7: APPLICANT – OTHER TRIBE INFORMATION

Does Applicant have an enrollment application “pending” with any other Tribe? Yes No

If YES – Name of Tribe/Contact Info: _____

Is Applicant enrolled with any other federally recognized Tribe? Yes No (If no please continue to Section 8)

If YES – Name of Tribe/Contact Info: _____

If YES – Is Applicant in the process of relinquishing from above Tribe? Yes No

If YES – Has Applicant received any Per Capita/Royalty payments from any other Tribe? Yes No

SECTION 8: APPLICANT – NO DUAL ENROLLMENT ACKNOWLEDGEMENT & SIGNATURE

Membership Requirements Pursuant to Tribal Code – Chapter 10 Membership Ordinance;

10.04 Enrollment. *states,*“(1) Member of another Tribe. No person, otherwise eligible for membership in the Lac du Flambeau Band, may enroll as a member of this Tribe, who, at the same time, is on the roll of any Indian tribe.”

10.10 Removal from Membership. *states,* “The Tribal Council shall not disenroll any member, except when that person obtained membership rights by fraud, deceit, misrepresentation, error, or when the person knowingly became a fully recognized member of another tribe, without relinquishing his or her membership with this Tribe.”

The Lac du Flambeau Tribe does not allow for dual enrollment and by signing below, your signature acknowledges that you have answered the questions above truthfully and to the best of your knowledge. You also agree to abide by the laws and regulations regarding the Constitution and By-Laws of the Lac du Flambeau Band of Lake Superior Chippewa.

(SIGNATURE OF APPLICANT -
IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST SIGN ON THEIR BEHALF)

Date: _____

(PRINT NAME)

MEMBERSHIP REQUIREMENTS CAN BE FOUND WITHIN THE CONSTITUTION AND BYLAWS OF THE LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS & CHAPTER 10 MEMBERSHIP ORDINANCE.

WWW.LDFTRIBE.COM

PREVIOUS APPLICATION APPROVED: FEBRUARY 27, 1995 BY RESOLUTION NO. 83(95) & REVISED MARCH 2006 AND DECEMBER 2011.

THIS APPLICATION APPROVED: FEBRUARY 10, 2020 BY RESOLUTION NO. 41(20)



LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS AUTHORIZATION FOR RELEASE OR PERSONAL INFORMATION FORM

APPLICABILITY

_____ Is this form applicable? Yes No
(PRINT APPLICANT NAME)

IF NOT APPLICABLE

If no, reason: _____

(APPLICANT SIGNATURE – IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST SIGN) (DATE)

IF APPLICABLE

I, _____,
(PRINT APPLICANT NAME – IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST PRINT)

_____ & _____
(APPLICANT DATE OF BIRTH) (APPLICANT TRIBAL ID# IF APPLICABLE)

hereby authorize the _____
to provide my information, my child's information as named above, or child as named above under my legal care,
regarding enrollment status and or Certificate of Tribal Enrollment & Certificate Degree of Indian Blood to the Lac du
Flambeau Tribal Operations & Enrollment Department via delivery by any of the following methods:

- Fax: 715-588-3746
- Email: Enrollment Specialists at emails provided on the application cover page.
- Mailing Address:
Lac du Flambeau Band of Lake Superior Chippewa Indians
Attn: Tribal Operations & Enrollment Department
PO Box 67
Lac du Flambeau, WI 54538

(SIGNATURE – IF APPLICANT IS A MINOR THEN PARENT OR LEGAL GUARDIAN MUST SIGN) (DATE)

Self Parent Adoptive Parent Legal Guardian



Waswaaganing
Lac du Flambeau Band of Lake Superior Chippewa Indians

Inhabited since 1745
Established by the Treaty of 1854

Applicant First Name

Applicant Middle Name

Applicant Last Name

DOB: _____

Please fill out to the best of your knowledge

Biological Father

Tribe:

Tribal ID #:

DOB:

Grand Father -- DOB

Tribe:

Tribal ID #:

Grand Mother -- DOB

Tribe:

Tribal ID #:

Grand Father -- DOB

Tribe:

Tribal ID #:

Biological Mother

Tribe:

Tribal ID #:

DOB:

Grand Mother -- DOB

Tribe:

Tribal ID #:

Great Grand Father -- DOB

Tribe:

Tribal ID #:

Great Grand Mother -- DOB

Tribe:

Tribal ID #:

Great Grand Father -- DOB

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Great Grand Mother -- DOB

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Tribal ID #:

Great Grand Father -- DOB

Tribe:

Tribal ID #:

Great Grand Mother -- DOB

Tribe:

Tribal ID #:

LDF ENROLLMENT APPLICATION -- ATTACHMENT 2 OF 3

LAKE SUPERIOR CHIPPEWA TRIBES

**LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
PO BOX 67**

LAC DU FLAMBEAU, WI 54538

(715) 588-4227

FAX (715) 588-3746

BAD RIVER CHIPPEWA TRIBE

PO BOX 39

ODANAH, WI 54861

(715) 682-7111

FAX (715) 685-7118

LAC VIEUX DESERT CHIPPEWA TRIBE

PO BOX 249 CHOATE ROAD

WATERSMEET, MI 49969

(906) 358-0138

FAX (906) 358-4850

BAY MILLS INDIAN COMMUNITY

RT 1 BOX 313

BRIMLEY, MI 49715

(906) 248-3241

FAX (906) 248-3283

MILLE LACS CHIPPEWA TRIBE

HRC 67 BOX 194

ONAMIA, MN 56359

(302) 532-4181

FAX (302) 532-7566

FOND DU LAC CHIPPEWA TRIBE

105 UNIVERSITY ROAD

CLOQUET, MN 55720

(218) 879-4593

FAX (218) 879-4146

RED CLIFF CHIPPEWA TRIBE

88385 PIKE LAKE ROAD HWY 13

BAYFIELD, WI 54814

715) 779-3700

FAX (715) 779-3704

KEWEENAW BAY CHIPPEWA TRIBE

RT 1 BOX 451

BARAGA, MI 49908

(906) 353-6623 ext. 4113

FAX (906) 353-7488

SOKAOGON CHIPPEWA COMMUNITY

MOLE LAKE BAND

3051 SAND LAKE ROAD

CRANDON, WI 54520

(715) 478-7512

FAX (715) 478-5275

LAC COURTE OREILLES CHIPPEWA TRIBE

13394 W TREPANIA ROAD

HAYWARD, WI 54843

(715) 558-7415 ext. 402 or 403

FAX (715) 634-0138

ST. CROIX CHIPPEWA TRIBE

24663 ANGELINE AVENUE

WEBSTER, WI 54893

(715) 349-2195

FAX (715) 349-8173

LDf ENROLLMENT APPLICATION – ATTACHMENT 3 OF 3