



# 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

Enrollment Specialists; Roland La Barge Jr.: (715) 588-4231

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## 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**

DRAFT 2022

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 AKNOWLEDGEMENT & 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)**