

# Membership Application/Renewal Form



<b>Adult or Minor (Please Circle)</b> (Under 18)		<b>Enrollment #</b> _____ (For Office Use Only)	
<b>A: Name:</b> (Last, First, Middle)			
Date of Birth:		Place of Birth: (City/Parish/County/State)	
Mailing Address:			
City:		State:	
Home Phone:		Zip Code:	
Cell Phone:		Email:	
<b>B:</b>			
Natural Father's Name:		Enrolled with the Tribe <b>Yes or No</b>	
Natural Mother's Name: (Include Maiden)		Enrolled with the Tribe <b>Yes or No</b>	
Please Check Box that Applies: <b>YES</b> , Applicant's Parents were Married <b>NO</b> , Applicant's Parents were <b>NOT</b> Married			
<b>C: SECTION C TO BE COMPLETED ONLY IF APPLYING FOR MEMBERSHIP OF A MINOR</b>			
Name of Person Preparing Application: (Last, First, Middle)			
Address:		Phone:	
City:		State:	
Zip Code:		Relationship to Applicant:	
Email:		<b>D: If you are eligible or currently enrolled as a member of another tribe. (Include proper documentation)</b>	
Name of Tribe:		City, State:	
Enrollment Number:		<b>E: List ANY other names you have been known by (Maiden, Married, Aliases)</b>	
Names:			
<b>F: Check Box that Applies:</b>			
Single		Married	
Divorced		Widowed	
(If Married, include Marriage License)		(If Divorced, include Divorce Papers)	

# Membership Application/Renewal Form



**G. New applicants shall pay a non-refundable enrollment fee, which includes their annual membership dues if their application is approved per the following schedule:**

**New Applicants:**

Age 0-21    \$10.00	Age 22-61    \$25.00	Age 62 and Older    \$10.00
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**H. Renewing members shall pay a non-refundable annual processing fee. All members must provide an annual update of their current mailing address, phone number and email addresses.**

**Renewing Members:**

Age 0-21    \$10.00	Age 22-61    \$25.00	Age 62 and Older    \$10.00
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**I. A member in good standing shall have the option of purchasing a lifetime membership.**

**Lifetime Membership Fees**

Age 0-10    \$100.00	Age 11-21    \$200.00	Age 22-61    \$400.00	Age 62 and Older    \$100.00
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**J. Membership fees may be waived if the applicant has attended two approved events or volunteered to serve tribe in the prior year.**

**The following events or volunteer positions are approved:**

Annual Pow Wow

Annual Meeting

Board Meeting

Mother's Day Event

Serve on the Board of Directors, Tribal Council, Council of Elders, or as an Officer

❖ Membership will not be granted without a copy of your birth certificate and marriage license is applicable.

❖ If you have any questions, feel free to contact Dee Niette Thompson at 251-850-6406 or [dee@adaicaddo.com](mailto:dee@adaicaddo.com)

❖ Please follow our pages [www.adaicaddo.com](http://www.adaicaddo.com), [www.facebook.com/AdaiCaddoNDNZ](https://www.facebook.com/AdaiCaddoNDNZ), and

[www.facebook.com/groups/1273685987127692](https://www.facebook.com/groups/1273685987127692)

**NOTE: Applications may take 6-8 weeks to process, provided all necessary documents are included with this application. Checks should be made payable to: CADDO ADAIS INDIANS. Please mail to: ADAI CULTURAL CENTER 4460 HWY 485 ROBELINE, LA 71469**

**K: I CONFIRM THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO BEST OF MY KNOWLEDGE.**

**Signature:**

**Printed Name:**

**Date:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (A/C \_\_\_\_\_) \_\_\_\_\_

## ANCESTRY CHART

Person No. 1 on this chart is the same  
person as No. \_\_\_\_ on chart No. \_\_\_\_

CHART NO. \_\_\_\_\_

## KEY TO ABBREVIATIONS:

b. Date of Birth

p.b. Place of Birth

m. Date of Marriage

p.m. Place of Marriage

d. Date of Death

p.d. Place of Death

Write dates as month, day, year [Oct 2, 1978]

Write places as city or town, (county), state

[Chicago (Cook) Illinois]

HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1, your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry farther back than this form allows, simply enter the name of your relative which appears in the column numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.

<p>1</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p> <p>3</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p> <p>(Mother of No. 1)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p> <p>(Spouse of No. 1)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>		<p>2</p> <p>(Father of No. 1)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p> <p>5</p> <p>(Mother of No. 2)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>		<p>4</p> <p>(Father of No. 2)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p>		<p>8</p> <p>(Father of No. 4)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p>	
		<p>6</p> <p>(Father of No. 3)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p>		<p>9</p> <p>(Mother of No. 4)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>		<p>10</p> <p>(Father of No. 5)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p>	
		<p>7</p> <p>(Mother of No. 3)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>		<p>11</p> <p>(Mother of No. 5)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>		<p>12</p> <p>(Father of No. 6)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p>	
				<p>13</p> <p>(Mother of No. 6)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>		<p>14</p> <p>(Father of No. 7)</p> <p>b. _____ p.b. _____ m. _____ p.m. _____ d. _____ p.d. _____</p>	
				<p>15</p> <p>(Mother of No. 7)</p> <p>b. _____ p.b. _____ d. _____ p.d. _____</p>			

**Paperwork Reduction Act Statement:** This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor sponsor, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Attn: Information Collection Clearance Officer—Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (A/C \_\_\_\_\_) \_\_\_\_\_

## ANCESTRY CHART

Person No. 1 on this chart is the same  
person as No. \_\_\_\_ on chart No. \_\_\_\_

CHART NO. \_\_\_\_\_

## KEY TO ABBREVIATIONS:

b. Date of Birth

p.b. Place of Birth

m. Date of Marriage

p.m. Place of Marriage

d. Date of Death

p.d. Place of Death

Write dates as month, day, year [Oct 2, 1978]

Write places as city or town, (county), state

[Chicago (Cook) Illinois]

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1	b. p.b. m. p.m. d. p.d.	2	(Father of No. 1)  b. p.b. m. p.m. d. p.d.	3	(Mother of No. 1)  b. p.b. d. p.d.	4	(Father of No. 2)  b. p.b. m. p.m. d. p.d.	5	(Mother of No. 2)  b. p.b. d. p.d.	6	(Father of No. 3)  b. p.b. m. p.m. d. p.d.	7	(Mother of No. 3)  b. p.b. d. p.d.	8	(Father of No. 4)  b. p.b. m. p.m. d. p.d.	9	(Mother of No. 4)  b. p.b. d. p.d.	10	(Father of No. 5)  b. p.b. m. p.m. d. p.d.	11	(Mother of No. 5)  b. p.b. d. p.d.	12	(Father of No. 6)  b. p.b. m. p.m. d. p.d.	13	(Mother of No. 6)  b. p.b. d. p.d.	14	(Father of No. 7)  b. p.b. m. p.m. d. p.d.	15	(Mother of No. 7)  b. p.b. d. p.d.
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (A/C \_\_\_\_\_) \_\_\_\_\_

## ANCESTRY CHART

Person No. 1 on this chart is the same  
person as No. \_\_\_\_ on chart No. \_\_\_\_

CHART NO. \_\_\_\_\_

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1	b. p.b. m. p.m. d. p.d.	2	(Father of No. 1)  b. p.b. m. p.m. d. p.d.	3	(Mother of No. 1)  b. p.b. d. p.d.	4	(Father of No. 2)  b. p.b. m. p.m. d. p.d.	5	(Mother of No. 2)  b. p.b. d. p.d.	6	(Father of No. 3)  b. p.b. m. p.m. d. p.d.	7	(Mother of No. 3)  b. p.b. d. p.d.	8	(Father of No. 4)  b. p.b. m. p.m. d. p.d.	9	(Mother of No. 4)  b. p.b. d. p.d.	10	(Father of No. 5)  b. p.b. m. p.m. d. p.d.	11	(Mother of No. 5)  b. p.b. d. p.d.	12	(Father of No. 6)  b. p.b. m. p.m. d. p.d.	13	(Mother of No. 6)  b. p.b. d. p.d.	14	(Father of No. 7)  b. p.b. m. p.m. d. p.d.	15	(Mother of No. 7)  b. p.b. d. p.d.
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## INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: \_\_\_\_\_

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)  
\_\_\_\_\_NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

NAME OF MEMBER'S FATHER: \_\_\_\_\_

NAME OF MEMBER'S MOTHER: (Give name before marriage)  
\_\_\_\_\_NAMES OF MEMBER'S BROTHERS:  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_NAMES OF MEMBER'S SISTERS:  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_\_\_\_\_\_  
(Name of person preparing this chart if not a member of the group) (Date prepared)

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MEMBERSHIP ROLL OF \_\_\_\_\_ AS OF \_\_\_\_\_  
 (name of group) (month, day, year)

Name and Address	Sex	Birth Date	Birth Place	Tribe		Names of parents	Birth Date	Birth Place
						Fa.		
						Mo.		
						Fa.		
						Mo.		
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						Mo.		
						Fa.		
						Mo.		

ABBREVIATIONS: Fa. = Father; Mo. = Mother

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