



**Little Traverse Bay Bands of Odawa Indians**  
 Enrollment Department  
 7500 Odawa Circle: Harbor Springs: MI 49740  
 231- 242-1520 (Or) 231- 242-1521  
**APPLICATION FOR CITIZENSHIP**



<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>JR/SR/ETC</b>	<b>GENDER</b>
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<b>MAIDEN OR OTHER NAMES (INDIAN NAMES)</b>	<b>PHONE</b>
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<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>COUNTY NOW RESIDING IN</b>
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(PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE)

Are you an enrolled member of another Band/Tribe? NO YES\*

If **Yes** please list \_\_\_\_\_

Have you applied for membership with the Little Traverse Bay Bands of Odawa Indians? NO YES

If yes list date. \_\_\_\_\_

Did you ever relinquish your membership with Little Traverse Bay Bands? NO YES

If so list date. \_\_\_\_\_

If your parents are enrolled with LTBB. Did they enroll prior to May 2, 1996? NO YES

List any Tribes other than Little Traverse Bay Bands from which you are descended from: \_\_\_\_\_

Are your parents enrolled with another Band/Tribe, if yes what Tribe? NO YES

Are you a veteran? NO YES

Which branch of service? \_\_\_\_\_ Rank: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Is your birth certificate Amended or delayed? NO YES

If yes, list reason. \_\_\_\_\_

Is the applicant an adopted child? NO YES

Were any of your ancestors adopted? NO YES

Any person who is enrolled or recognized as a member of any other Band/Tribe, federally recognized or otherwise shall not be eligible for enrollment with the Little Traverse Bay Bands of Odawa Indians unless documented proof of Band/Tribal conditional relinquishment is submitted.

I certify that all information provided in this application is true to the best of my knowledge and belief. I understand that false information may result in the denial of my application or disenrollment. Knowingly providing false information may also result in civil and/or criminal sanction.

Signature of Applicant or Guardian (Anyone over 18 must sign their own)	/ / Applicant's S.S #	Date
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Recommendation of Enrollment Officer  
 \_\_\_ APPROVAL  
 \_\_\_ Reject, Because \_\_\_\_\_

Legislative Branch  
 \_\_\_ APPROVAL  
 \_\_\_ Reject, Because \_\_\_\_\_

Enrollment Officer's Signature - Date

**TRIBAL COUNCIL ACCEPTANCE DATE**

Tribal Chairperson Signature - Date

Enrollment Number