



**APPLICATION FOR ENROLLMENT AS ASSOCIATE MEMBER OF THE
ASSINIBOINE AND SIOUX TRIBES OF THE
FORT PECK RESERVATION, MONTANA**

Date received at Tribal Office _____ 20_____

1. Name of Applicant: _____
2. Degree of Assiniboine and/or Sioux blood: _____
3. Date of birth: _____ 4. Place of birth: _____
5. Social Security Number: _____ / _____ / _____ Phone# _____
6. Is the applicant now or has applicant ever been enrolled elsewhere (with any other tribe of Indians?) Yes _____ No _____
7. If the answer to Question No. 6 is "Yes," give the name of the tribe and roll number
Tribe: _____ Roll No.: _____
8. Father's Name: _____
9. Complete Mailing Address: _____
10. Degree and kind of Indian blood: _____
11. Enrolled in Assiniboine and Sioux Tribes of Ft. Peck? Yes _____ No _____
If so, give roll number: _____
12. Citizen of the United States? Yes _____ No _____
13. Mother's Maiden Name: _____
14. Complete Mailing Address: _____
15. Degree and kind of Indian Blood: _____
16. Enrolled in Assiniboine and Sioux Tribes of Ft. Peck? Yes _____ No _____
If so, give roll number: _____
17. Citizen of the United States? Yes _____ No _____
18. Has birth certificate been attached to this Application? Yes _____ No _____

The undersigned hereby certify on behalf of the applicant and themselves that the foregoing information is true and correct and that if any material statements are false, any enrollment granted pursuant to this application shall be void and of no force or effect.

Signature of Father

Signature of Mother

Authorized guardian, next or kin, or person
responsible for care may sign the application

PROCEDURES FOR ENROLLMENT AS ASSOCIATE MEMBERSHIP OF THE FORT PECK TRIBES

Persons are eligible for enrollment in the Assiniboine and Sioux Tribes of the Fort Peck Reservation as an Associate Member if they fulfill the following requirements:

1. Possess one-eighth (1/8) or more Assiniboine and/or Sioux blood and born to any member of the Assiniboine and Sioux Tribes of Fort Peck Reservation.
2. The child must not be a member of some other tribe at the time of application for enrollment.
3. The child must be a citizen of the United States at the time of the child's birth
4. Submit application on prescribed form, accompanied by a copy of the ***STATE CERTIFIED*** Birth Certificate and a copy of the Social Security Card.
5. The term "Assiniboine/and or Sioux blood" as defined by the Tribal Enrollment Ordinance, means the blood of the Assiniboine or the Sioux Tribes of the Fort Peck Reservation, Montana or the blood of any other federally recognized Assiniboine or Sioux Tribes, or any combination of Assiniboine and Sioux blood. If the parent or authorized representative of the applicant is submitting the enrollment application and wants Assiniboine and/or Sioux blood from another federally recognized tribe included in the applicant's total Assiniboine/Sioux blood quantum, he/she must submit evidence satisfactory to the Tribal Executive Board.
6. One or both of the parents must be an enrolled member of the Fort Peck Tribes.

APPLICATION CAN BE DELIVERED TO:

Enrollment Department
Tribal Administration Building
501 Medicine Bear Road
Poplar, Montana

APPLICATIONS CAN BE MAILED TO:

Enrollment Officer
Fort Peck Assiniboine and Sioux Tribes
P.O. Box 1027
Poplar, MT 59255

*Questions concerning the Fort Peck Tribes enrollment procedures
can be directed to the Enrollment Officer at 406-768-2300 or 406-768-2319*