



APPLICATION FOR MEMBERSHIP

ABSENTEE SEMINOLE TRIBE OF TEXAS
P O BOX 1932
MCKINNEY, TEXAS 75070-8162

SECTION 1:

Applicant's Name: _____
(First) (Middle) (Last) (Maiden)

Address: _____
(City) (State) (Zip)

(Phone) (Date of Birth) (Sex) (Place of Birth)

(Email)

Descendant of United States Scouts – Seminole-Negro Indian Scout Detachment Muster Roll 1870- 1914.
Application must contain an unbroken chain of original certified birth/death certificates linked to the Seminole descendant on the Seminole-Negro Indian Scout Detachment Muster Roll 1870-1914.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

SECTION 2:

DUAL ENROLLMENT: The dual enrollment prohibition shall be strictly applied; that is, an enrolled member of another Indian tribe shall not be eligible for membership in the Absentee Seminole Tribe.

I have read and understand the above statement and I do certify that the facts contained in this application are true and correct to the best of my knowledge and understanding. Any false statement or misrepresentation of the facts will result in my membership application being denied.

Date

Signature of Mother/Father, or adult for minor (under 18 years of age)

Signature of Applicant 18 years of age or older

PLEASE DO NOT WRITE BELOW THIS LINE

DETERMINATION OF TRIBAL COUNCIL

1. Applicant meets enrollment eligibility requirement ()

2. Applicant does not meet eligibility requirement ()

Research Membership Chairman

Date Enrolled

ABSENTEE SEMINOLE TRIBE OF TEXAS
INDIVIDUAL HISTORY CHART
(To be completed by each adult member of the group)

MEMBER'S NAME: _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, provide maiden name)

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: _____

	Place of Birth	Date of Birth
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NAME OF MEMBER'S MOTHER: (Give name before marriage) _____

	Place of Birth	Date of Birth
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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) (Date prepared)