



APPLICATION FOR MEMBERSHIP

ABSENTEE SEMINOLE TRIBE OF TEXAS
241 MEADOWS DRIVE
MCKINNEY, TEXAS 75071-3971

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)

APPLICANT'S NAME: _____

NAME OF APPLICANT'S WIFE/HUSBAND: If wife, provide maiden name

NAMES OF APPLICANT'S CHILDREN: (Indicate whether child is male or female)

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

NAME OF APPLICANT'S FATHER:

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

_____	Place of Birth	Date of Birth
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NAMES OF APPLICANT'S BROTHERS:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

NAMES OF APPLICANT'S SISTERS:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

_____ (Name of person preparing this chart)	_____ (Date prepared)
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