



APPLICATION FOR MEMBERSHIP

Houlton Band of Maliseet Indians
88 Bell Road
Littleton, Maine 04730

Dear Applicant:

If you believe you qualify for membership, you must fill out the attached form as completely as possible and include the following required documentation:

- A certified birth certificate (with a raised seal). This can be obtained for a small fee at the Town Office. Photocopies cannot be accepted. If accepted for membership, the original document will be kept in your file at the Tribal Enrollment Office.
- If the applicant is adopted, please provide a copy of the decree that lists the names of the biological parents.
- If the applicant is claiming membership eligibility through the biological father, the father's name must be listed on the birth certificate. If not, please include with your application a copy of a DNA/Paternity test.
- **If the applicant is not a Direct Lineal Descendant of the 1980 Base Roll (you do not have a parent or grandparent listed), but are eligible because you have a Collateral Relative that is listed on the Base Roll (a sibling, an aunt/uncle, niece/nephew, or cousin), you must provide a "trail" of legal documents, such as birth certificates, etc. which clearly illustrate the relationship to the Base Enrollee you are claiming eligibility. *It may also be beneficial to provide a more detailed family tree that shows your relationship to the person you are claiming eligibility.***

You may view the Houlton Band of Maliseet Indians 1980 Base Roll at the following web address:
http://www.cary.lib.me.us:81/GenDB/resources/Maliseet_Roll_8-28-1980.pdf

Should you fail to provide the required documentation, your application for membership will not be considered.

The Houlton Band of Maliseet Indians does not have a genealogist on staff to do your ancestry research; therefore, the Tribe cannot provide this service. The burden of proof is the responsibility of the applicant.

Once you have submitted the application with the required documentation, the Houlton Band of Maliseet Indians Enrollment Committee will then review the information and make recommendations to the Tribal Council, who will make the final decision on the application. New members are added two times per year, in the months of **January and July** (these dates are subject to change).

Sincerely,
Heidi Kelley
Tribal Enrollment Clerk

HOULTON BAND OF MALISEET INDIANS MEMBERSHIP APPLICATION

88 BELL RD. LITTLETON, ME 04730 TEL: 207-532-4273

APPLICANT INFORMATION

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	City/State of Birth:		
SSN:	United States Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Current address:			
City:	State:	ZIP Code:	Phone:
Are you a registered member of any other tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list:			
Full name of the HBMI Base Enrollee you are claiming descendency through:			DOB:
Relationship: (he/she is my biological): <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin			

BIOLOGICAL MOTHER OF APPLICANT INFORMATION

Full Name (please include maiden):			
Date of Birth:	City/State of Birth:		
Current address:			
City:	State:	ZIP Code:	Phone:
Is/Was the Biological Mother of the applicant a registered member of the Houlton Band of Maliseet Indians?? <input type="checkbox"/> YES <input type="checkbox"/> NO			
She is: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Relinquished <input type="checkbox"/> Deceased	Date of Death:	City/State of Death:	

BIOLOGICAL FATHER OF APPLICANT INFORMATION

Full Name:			
Date of Birth:	City/State of Birth:		
Current address:			
City:	State:	ZIP Code:	Phone:
Is/Was the Biological Father of the applicant a registered member of the Houlton Band of Maliseet Indians?? <input type="checkbox"/> YES <input type="checkbox"/> NO			
He is: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Relinquished <input type="checkbox"/> Deceased	Date of Death:	City/State of Death:	

AFFIRMATION/SIGNATURES

I hereby swear and affirm that the information I provided is true and accurate. I understand that any falsification of this application may result in rejection or revocation of tribal membership with the Houlton Band of Maliseet Indians.

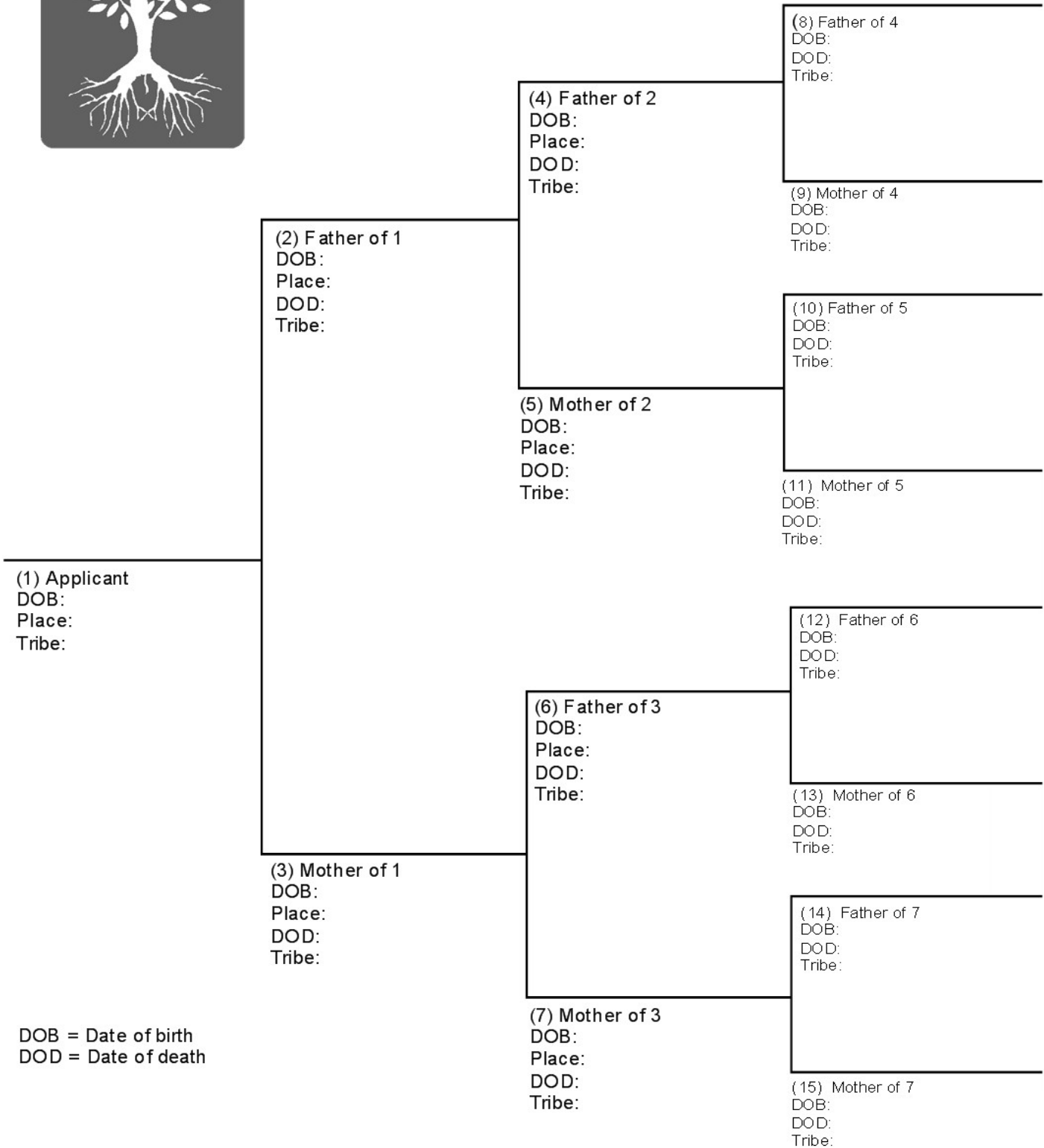
Signature:	Date:
**** If applicant is a minor child or a disabled adult ****	
Signature of parent or legal guardian:	Date:

OFFICE USE ONLY

Date application was received:	Date reviewed by the Enrollment Committee:
Recommendation: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Reason for denial: <input type="checkbox"/> No lineal descent <input type="checkbox"/> Other:
Date presented to Tribal Council:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Reason for denial: <input type="checkbox"/> No lineal descent <input type="checkbox"/> Other:	



Family Tree Chart



Completed by: _____