



APPLICATION FOR MEMBERSHIP
Houlton Band of Maliseet Indians
88 Bell Road, Littleton, Maine 04730
Tel: 207-532-4273 Fax: 207-532-2660
Admin. Office Hours: Mon. – Thurs. 7AM – 4:30PM
Enrollment Office Hours: Mon. – Thurs. 10AM – 4PM
www.maliseets.com

WHO IS ELIGIBLE TO BECOME A MEMBER OF THE HOULTON BAND OF MALISEET INDIANS?

1. A LIVING PERSON WHO IS A *DIRECT LINEAL DESCENDANT OF A 1980 BASE ENROLLEE.
2. A LIVING PERSON, WHO IS A DIRECT LINEAL DESCENDANT OF A CURRENTLY ENROLLED COLLATER MEMBER, PROVIDED THE APPLICANT IS A CITIZEN OF THE UNITED STATES.

* “Direct Lineal Descendant” is a person in the direct line of descent such as, a child, grandchild, great-grandchild, etc.

THE 1980 BASE ROLL OF THE HOULTON BAND OF MALISEET INDIANS CAN BE VIEWED AT THE FOLLOWING WEB ADDRESS:

http://www2.cary.lib.me.us/GenDB/resources/Maliseet_Roll_8-28-1980.pdf

HOW DO I APPLY FOR MEMBERSHIP?

- You must fill out this application, including the family tree.
- **Provide a certified copy of your birth certificate (one with a raised seal). We do not accept photocopies.** This will be returned to you upon enrollment.
- 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 the results of a DNA test, from an accredited laboratory, confirming paternity. **The HBMI does not accept affidavits of paternity.**

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 and the required documentation, the Houlton Band of Maliseet Indians Enrollment Committee will review the information and make recommendations to the Tribal Council, who will make the final decision on the application.

ENROLLMENT IS HELD ONCE A YEAR. THE DATE OCCURS IN THE MONTH OF OCTOBER

If you have any questions, please do not hesitate to contact us at the telephone number listed above, or you may email the Enrollment Clerk at enrollment.clerk@maliseets.com.

HOULTON BAND OF MALISEET INDIANS MEMBERSHIP APPLICATION

88 BELL RD. LITTLETON, ME 04730 TEL: 207-532-4273 - FAX: 207-532-2660

APPLICANT INFORMATION

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	City/State of Birth:		
SSN:	Were you born in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NATURALIZED US CITIZEN		
Current address:		Email:	
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 <u>HBMI MEMBER</u> you are claiming descendency through (THIS PERSON'S NAME MUST APPEAR ON OUR <u>TRIBAL ROLLS</u>)			
Name: _____ DOB: _____ Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent, Great-Great GP, etc.			

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 HBMI? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is/was she registered with any other Tribe, Band Or Nation? If so, please list the name.		

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 HBMI? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is/was he registered with any other Tribe, Band Or Nation? If so, please list the name.		

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:

ENROLLMENT COMMITTEE RECOMMENDATION

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

TRIBAL COUNCIL RECOMMENDATION

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:	PLEASE FILL OUT YOUR FAMILY TREE CHART ON OTHER SIDE --->



Family Tree Chart

(8) Father of 4
DOB:
DOD:
Tribe:

(4) Father of 2
DOB:
Place:
DOD:
Tribe:

(9) Mother of 4
DOB:
DOD:
Tribe:

(2) Father of 1
DOB:
Place:
DOD:
Tribe:

(10) Father of 5
DOB:
DOD:
Tribe:

(5) Mother of 2
DOB:
Place:
DOD:
Tribe:

(11) Mother of 5
DOB:
DOD:
Tribe:

(1) Applicant
DOB:
Place:
Tribe:

(12) Father of 6
DOB:
DOD:
Tribe:

(6) Father of 3
DOB:
Place:
DOD:
Tribe:

(13) Mother of 6
DOB:
DOD:
Tribe:

(3) Mother of 1
DOB:
Place:
DOD:
Tribe:

(14) Father of 7
DOB:
DOD:
Tribe:

(7) Mother of 3
DOB:
Place:
DOD:
Tribe:

(15) Mother of 7
DOB:
DOD:
Tribe:

DOB = Date of birth
DOD = Date of death

Completed by: _____

INDIVIDUAL HISTORY CHART

APPLICANT'S NAME (INCLUDE MAIDEN)	DATE OF BIRTH

NAME'S OF YOUR CHILDREN (INCLUDE MAIDEN)	DATE OF BIRTH
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

NAME OF FATHER	DATE OF BIRTH

MAIDEN NAME OF MOTHER	DATE OF BIRTH

SIBLINGS (INCLUDE MAIDEN)	DATE OF BIRTH
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	