



THE TRIBE OF THE WHITETOP BAND OF NATIVE INDIANS, INC.
P.O. BOX 474, MANCHESTER, KY 40962
www.thetribeofthewhitetopbandofnativeindiansinc.org

APPLICATION FOR ENROLLMENT PACKET

Greetings and Thank You for Your Interest;

We are happy that you have requested this packet. Thank you for taking the time to complete the enclosed application for membership in our Tribe.

The purpose and mission of The Tribe of the Whitetop Band of Native Indians is to protect and enhance the quality of the lives of all our members.

To protect the culture and traditions of our Native Americans. To teach our young people the history of our families and the history of Native American peoples. To respect the burial sites of our ancestors that have gone before us and for the generations to come.

To confront ongoing environmental issues that have plagued our Nation as a whole and the health of Mother Earth, we will stress the importance of Her continued survival. The Tribe will elect our own leaders and teach our children the importance of education and self-reliance. Also, we pledge to care for our elderly and our youth. We commit to assist and serve our communities and our Country.

Each Member is Protected Under the Following Acts;

- The American Indian Religious Freedom Act of 1978
- The Free Exercise Clause of the First Amendment
- The Free Exercise Clause of the 1968 Indian Civil Rights Act
- Treaty of 1701
- J Treaty
- United Nations Declaration on the rights of Indigenous peoples adopted by General Assembly Resolution 61/295 on 13 Sep 2007.

If you have any questions or need assistance, please contact us.

Sincerely,

Chief James Quietwolf Sizemore

The Traditional Chief of The Tribe of the Whitetop Band of Native Indians, Inc.



INSTRUCTIONS TO APPLY FOR MEMBERSHIP

*****Please note – you *must submit a Pedigree or Family Tree and all supporting documents*, with your completed application. Thank you*****

Applicant for membership in The Tribe of the Whitetop Band of Native Indians must be a citizen of The United States of America. There are four levels of membership available to eligible persons. Full Membership requires a Direct Sizemore Lineage Pedigree with Documents and *DNA. Tribal Membership requires a Direct Sizemore Lineage Pedigree with Documents (does NOT need DNA results). Adopted Membership is an individual, such as spouse, child or step-child that resides with an approved Full or Tribal member and lastly, an Associate Membership is someone that is closely related to an approved Full Member and they MUST show Native American genes from the results of *DNA, along with a pedigree showing the close link to our Full member AND a Direct Link to their documented Native American Ancestor.

*DNA types of test; Y-DNA, mtDNA or Autosomal DNA. There is no required percentage of Native American blood, that needs to be reported from your genome DNA results – except for enrollment at the Associate Membership level.

REQUIRED AND ACCEPTABLE DOCUMENTS

Please send unedited copies, as they cannot be returned.

- Birth, Death and Marriage Certificates
- State Issued Identification or Driver's License
- Family Bible Records
- Government Census Records
- U.S. Military Records
- Enrollment on Federally Recognized Indian Census or Rolls
- Clear and legible photograph of ancestor's burial marker

If you have questions regarding what qualifies as an “official” and acceptable document for proof of identity and lineage, please contact us at your earliest convenience.

Our Tribe does issue Identification cards – to every member. The cost is \$5.00 for the first ID and \$4.00 if update or replacement is needed (cost subject to fluctuate). You may choose to send the money with your application, along with a copy of a head/profile picture to place on your ID card. There are no other fees for membership nor monetary benefits to our members, at this time. We operate on donations – they are tax deductible and always appreciated. We look forward to the day when we will be able to extend betterment benefits to our members.



Please list information of your Children living in your home, on following pages.

If you have a child that is 18 or older – they will need their own Application.

CHILDREN RESIDING WITH PRIMARY APPLICANT

Applicant's Name _____ DOB _____
First MI Last

1. Name _____
First Middle Last

Date of Birth _____ City/State of Birth _____

Male _____ or Female _____ Age at time of Application _____ Bio-Child Y ___ N ___

2. Name _____
First Middle Last

Date of Birth _____ City/State of Birth _____

Male _____ or Female _____ Age at time of Application _____ Bio-Child Y ___ N ___

3. Name _____
First Middle Last

Date of Birth _____ City/State of Birth _____

Male _____ or Female _____ Age at time of Application _____ Bio-Child Y ___ N ___



Please list the names of your Ancestors on the following pages.

ANCESTORS OF PRIMARY APPLICANT

Applicant's Name _____ **DOB** _____
First MI Last

#1 I am the ___ Son *OR* I am the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____

#2 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____



ANCESTORS OF PRIMARY APPLICANT - Continued

Applicant's Name _____
First MI Last

#3 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____

#4 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____



ANCESTORS OF PRIMARY APPLICANT - Continued

Applicant's Name _____
First MI Last

#5 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____

#6 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____



ANCESTORS OF PRIMARY APPLICANT - Continued

Applicant's Name _____
First MI Last

#7 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____

#8 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother _____
First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father _____
First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____



ANCESTORS OF PRIMARY APPLICANT - Continued

Applicant's Name _____
First MI Last

#9 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother

First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father

First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____

#10 Who was the ___ Son *OR* Who was the ___ Daughter – of

Mother

First Middle Maiden

Date of Mother's Birth _____ City, County, State of Mother's Birth _____

Date of Mother's Death _____ City, County, State of Mother's Death _____

Father

First Middle Surname/Last Name

Date of Father's Birth _____ City, County, State of Father's Birth _____

Date of Father's Death _____ City, County, State of Father's Death _____



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RELINQUISHMENT STATEMENT – REQUIRED

I, _____
First Name Middle Name Last Name Maiden Name

Do hereby relinquish my membership in the _____ Tribe of Indians. I wish to enroll as a member of The Tribe of the Whitetop Band of Native Indians with which I am eligible for membership. I am making this relinquishment statement voluntarily and understand that I will no longer be a member of the _____ Tribe of Indians.

I have read and hereby understand the contents of this Relinquishment Statement on this date:

Day Month Year Enrollee Initials

Signature - Use Your Full Birth Name Date of Birth

Subscribed and Sworn to me this _____ day of _____ 20_____

Notary Republic - Print Name Notary Republic Signature

Seal - My commission expires: _____

For Whitetop Office use only - Received: _____ 20____ By: _____



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USE THIS PAGE FOR NOTES, COMMENTS, QUESTIONS OR EXPLANATIONS, REGARDING YOUR APPLICATION.

Applicant's Name _____

First	Middle	Maiden/Surname
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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