

Winnebago Tribe of Nebraska Enrollment Department

P.O BOX 687 WINNEBAGO, NE 68071 | PH: (402)878-2028 | FAX: (402)878-2024

EMAIL: enrollment@winnebagotribe.com

For Members from Another Federally Recognized Tribe:

Under WINNEBAGO TRIBAL CODE Title 5 Article 5-103: Application for membership by member of another Tribe States:

Any person who applies for membership who otherwise qualifies for membership but *who has been enrolled as a member of another Indian tribe may be enrolled as a member of the Winnebago Tribe, provided he/she has not received a Financial Benefit as a member of another tribe (inherited interests of land or money shall not be considered financial benefits); and provided further that he/she relinquishes in writing his/her membership in the other Indian tribe;* and provided further that such applicant is admitted to membership by Tribal Council resolution. Any person who repays or returns the full value of any Financial Benefit may be deemed by the TEC to have received no Financial Benefits. *Any member of the Winnebago Tribe who subsequently becomes a member of another tribe and who shares any benefits of land or money as a member of such tribe shall be disenrolled.* However, any member of the Winnebago Tribe who subsequently becomes a member of another tribe but has not shared in any benefits from that tribe shall be given an opportunity to relinquish such other membership in order to prevent disenrollment. [TCR 10-114, 12-127]

Under Winnebago Tribal Enrollment Department: POLICIES AND PROCEDURES section 3. Processing Enrollment application codes: 5-103:1. (h) States:

Inquiry of any Financial Benefits received as a member of another tribe will be made; any applicant that has received Financial Benefits as a member of another tribe will be ineligible for membership unless applicant repays any Financial Benefit received towards said tribe.

Guidelines for members from another tribe:

Applicant applying for membership to the Winnebago Tribe of Nebraska must notify the Federally Recognized Tribe upon relinquishment. ONLY THE FEDERALLY RECOGNIZED TRIBE MUST COMPLETE and RETURN BY MAIL the financial benefits form that is attached with an Official Tribal seal to continue the membership application process with the Winnebago Tribe of Nebraska. NO EXCEPTIONS!

*Note- Indication of the mail being altered will not be accepted.

Fraudulent information will not be accepted.

ACCEPTED ONLY WHEN COMPLETED, SEALED WITH TRIBAL SEAL AND MAILED BY THE FEDERALLY RECOGNIZED TRIBE!

Financial Benefits Verification form

For members of another Federally Recognized Tribe seeking membership
Into the Winnebago Tribe of Nebraska

I _____ applied for membership to Winnebago Tribe of Nebraska.
PRINT NAME DATE OF BIRTH

On _____
DATE

The Winnebago Tribe of Nebraska Enrollment Department requires an inquiry of any Financial Benefits that I may have received during the time of my membership with the _____ which is a Federally Recognized Tribe in order to process my current enrollment application. I understand that if I have received any Financial Benefits that I may be eligible for enrollment. I give The Winnebago Tribe of Nebraska permission to receive written inquiry of any Financial Benefits that I may have received during the time of being an enrolled member from the Financial Department by the stated Federally Recognized Tribe For enrollment purposes only.

I understand that if I provide false information or provide fraudulent information to gain membership in the Winnebago Tribe of Nebraska I will be ineligible for Tribal membership in accordance to the Tribe's requirements at the time of enrollment and I shall be disenrolled. WARNING! It is unlawful to provide false information.

Signature: _____ Date: _____

This inquiry is for enrollment purposes ONLY & To be completed and mailed by the stated Federally Recognized Tribe ONLY:

1. Has the enrolled member named above **ever received any Financial Benefits** as an enrolled member from said Federally Recognized Tribe?

Yes

No

Amount: \$ _____
(TYPE OF BENEFITS RECEIVED: PER-CAPITA, CREDIT, EDUCATION, ETC)

I certify that the above information is true and correct to the best of my knowledge on behalf of the _____ that is a Federally Recognized Tribe.

Signature: _____ Date: _____
TITLE

Please use Official Tribal seal for verification:

Above stated Tribe only:
Please return by mail to:
Winnebago Tribe of Nebraska
Enrollment Department
P.O Box 687
Winnebago, NE 68071

