

# Saponi-Catawba Nation



# Membership Application

Member ID Number: \_\_\_\_\_  
(Office use only)

Date: \_\_\_\_\_

Please complete this application for consideration of membership into the Saponi-Catawba Nation, you must also complete the attached genealogy page.

**We need one completed application and genealogy page per applicant; incomplete applications will be returned.**

Please indicate the type of membership you are applying for. Information on each type and its requirements can be found on the Tribal website.  
Please check only one:  
Full-                       Honorary-

Head of household: Yes    No    If no, give relationship to head of household: \_\_\_\_\_

Full Name: \_\_\_\_\_ Native Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of the ancestor(s) that connect you to the Saponi-Catawba Nation. These must be from the Core Family names that can be found on our website. \_\_\_\_\_

Please state how the ancestor(s) above are related to you: \_\_\_\_\_

**There is a \$25.00 yearly tribal subsidy which covers all family members that reside at the address above (official address).**

Please Include:

1. Completed application and the genealogy page.
2. A copy of your direct line of genealogy back to your Native American ancestors from the list of Core Family names.
3. At least one document showing the relationship connecting one generation to the preceding generation. Ex. Census record, Birth certificate.
4. Photo of applicant with your name clearly printed on the back. (complete facial photo)
5. Check or money order made payable to Saponi-Catawba Nation (Do NOT send cash)

Mail completed application, photo, and \$25.00 subsidy to:

Vearl Adkins                      Phone: 614-493-8681  
5108 Dexter Ct.                      Email: adkinslawncareobetz@aol.com  
Obetz, Ohio 43207

Please contact Vearl Adkins should there be any changes to the application's information that has been provided in this application. Please allow up to six weeks to receive your ID card, once received please check ID card for accuracy. Any questions in regard to this application and ID cards should be directed to Vearl Adkins by phone or email.

Thank You,

Vearl Adkins  
Saponi-Catawba Nation  
Secretary/Council Member

## Genealogy Form

Name: (Applicant)

Birth:

Death:

Spouse if married:

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Name: (Parent):

Birth:

Death:

Spouse:

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Name: (Grandparent)

Birth

Death:

Spouse:

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Name: (Great Grandparent)

Birth:

Death

Spouse:

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Name: (2<sup>nd</sup> Great Grandparent)

Birth:

Death:

Spouse:

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Name: (3<sup>rd</sup> Great Grandparent)

Birth:

Death:

Spouse:

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## Genealogy Form

Name: (4<sup>th</sup> Great Grandparent)

Birth:

Death:

Spouse:

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Name: (5<sup>th</sup> Great Grandparent)

Birth:

Death:

Spouse:

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Name: (6<sup>th</sup> Great Grandparent)

Birth:

Death:

Spouse:

---

Name: (7<sup>th</sup> Great Grandparent)

Birth:

Death:

Spouse:

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Name: (8<sup>th</sup> Great Grandparent)

Birth:

Death:

Spouse:

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If you need more lines, feel free to print copies of these pages and write in the correct number of grandparent.

Please fill out each line and include a document about that person. For example, for yourself write the word "Self" on the document that is about you, and "parent" on the one about your parent. Please mail your application, this genealogy form and all documents with your yearly fee to the address that was on the first page.

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We would love to hear your family stories about your Native American ancestors. Please feel free to tell us a little bit about how you found out about your Native American roots.