



THLOPTHLOCCO TRIBAL TOWN OF OKLAHOMA
APPLICATION FOR MEMBERSHIP

Last Name First Middle Maiden Name

Current Mailing and Physical Address (Area Code) Home/Cell Number

City State Zip Code (Area Code) Other Contact #

Sex of Applicant: ____ Male ____ Female

Date of Birth _____ Place of Birth _____

Base Enrollee through whom Membership rights are claimed:

Full Name Roll Number Relationship

Is the applicant an enrolled member of the Muscogee (Creek) Nation? ____ Yes ____ No

Is the applicant a member of another tribe other than Muscogee (Creek) Nation? ____ Yes ____ No

If so, with whom? _____

Is the applicant an adopted child? ____ Yes ____ No

Name(s) of applicant's

Child(ren)	Brother(s)	Sister(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge, and that false or misleading information can result in the denial of my application for membership. Furthermore, I understand that the completion of this application does not guarantee my enrollment as a member of the Thlopthlocco Tribal Town.

APPLICANT'S SIGNATURE OR DESIGNEE (IF MINOR, INCOMPETENT) DATE

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ APPLICATION NO. _____

RECEIVED BY: _____