



**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: \_\_\_\_\_