



Wyandot of Anderdon Nation ~ Group Membership Consent Form

I. Introduction

You are invited to complete this consent form as part of your Membership in the Wyandot of Anderdon Nation. This form is necessary to complete our Membership records and to ensure that all Members of The Wyandot of Anderdon Nation's Rolls are willing to be identified as Members of the Nation.

Participation as a Member of the Nation is voluntary. By signing this consent form you are telling us that you:

- Understand what you have read
- Consent to be counted as a member of the Nation
- Consent to the use of your information for any application presented to the Department of The Interior regarding the Federal Acknowledgement Process for Native American Tribes

II. Consent Requested

The consent form will require your full name, your tribal identification number and any family affiliation necessary to identify your place on the Tribal Rolls.

III. Voluntary Process

Participation in the Nation is voluntary and this consent form indicates your willingness to be counted as a Member. If you decide to take part and later change your mind, you are free to withdraw at that time. Withdrawal from the Nation, or a refusal to consent to be counted will mean that you do not wish to be considered a Member of the Wyandot Of Anderdon Nation. Your information collected up to that point however, must be maintained on our records for completeness and accuracy.

IV. Confidentiality

Any information collected under this form that can identify you, will be treated as confidential and safely stored. The information will only be released either with your consent, or as allowed by law. The Nation will take all reasonable steps to maintain confidentiality. If identification become necessary to a publication, or a presentation involving the Federal Acknowledgement Process, however, you are consenting here, to that use of information.



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V. Consent

I have read or have had read to me in a language I understand and I also understand the purpose and use of this form.

I freely agree to be counted as a Member of The Wyandot of Anderdon Nation.

My full name is: _____

My Tribal Identification Number is: _____

My Family Affiliation is: _____

Participant's name (printed) _____

Signature _____ Date _____

If parent signing for a child:

Name of person giving consent (printed).....

Relationship to Participant.....

***If Legal Guardian signing for Dependent:**

Name of person providing Third Party Acknowledgment (printed)

.....

***If a legal Guardian is signing for a dependent, please attach a copy of the legal documentation declaring you to be the Guardian.**