



THE WHITETOP
NATION

APPLICATION FOR ENROLLMENT PACKET

WWW.WHITETOPNATION.ORG

The purpose and mission of The Whitetop Nation is to protect and enhance the quality of the lives of all our members, to protect the culture and traditions of our Native Americans, to teach our young people the history of our families and the history of our Native American peoples, to respect the burial sites of our ancestors that have gone before us and for the generations to come, and to confront ongoing environmental issues that have plagued our Nation as a whole and the health of Mother Earth. We will stress the importance of Her continued survival.

The Whitetop Nation (WTN), in accordance with tribal sovereignty, will follow our tribal Constitution to further the growth of our indigenous heritage, community, and life. We will work within the spirit of federalism that the United States Constitution grants to our government to be represented by our own elected government and teach our children the importance of education and self-reliance. Also, we pledge to care for our elderly and our youth. Finally, we commit to assisting and serving our Tribal Nation, State, and Federal governments.

Each Citizen is Protected Under the Following Acts:

- Treaty of 1701
- The Free Exercise Clause of the First Amendment
- J Treaty
- The Indian Citizenry Act of 1924
- The Indian Reorganization Act of 1934
- The Indian Civil Rights Act of 1968
- The American Indian Religious Act of 1978
- United Nations Declaration on the Rights of Indigenous Peoples adopted by General Assembly Resolution 61/295 of 13 September 2007

If you have any questions or need assistance, please get in touch with us at

Whitetop Nation

ATTN: Department of Culture and Heritage OR applications@whitetopnation.org

P.O. Box 867, Georgetown, KY 40324



THE WHITETOP
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INSTRUCTIONS TO APPLY FOR CITIZENSHIP

There are three types of Citizenship.

1. Tribal Citizen; requires a direct lineage with supporting documents in accordance with Article III Section 1 of the Tribal Constitution defined as:
 - 1.1 Persons listed on the Guion Miller Roll of 1906 (overturned) Sizemore descendants and the #417 denied Eastern Cherokee Nation applications (ECA), compiled as the WTN Base Enrollment Index with a valid date of December 31, 1910.
 - 1.2 Persons not listed under Section 1.1, but demonstrate a direct descent from William Ephraim Sizemore and Margery Owen of the Piedmont and Tributary Indians of Virginia.
2. Associate Citizen; significant other, partner, spouse, or adopted children not qualifying under Article III Section 1 of the Tribal Constitution.
3. Honorary Citizen.

DO NOT SEND ORIGINAL COPIES. ALL DOCUMENTS RECEIVED BY THE WHITETOP NATION BECOME PROPERTY OF THE WHITETOP NATION INTO PERPETUITY REGARDLESS OF APPLICATION STATUS.

REQUIRED AND ACCEPTABLE DOCUMENTS FOR EACH LINEAGE INDIVIDUAL

Please send unedited **copies**, as they cannot be returned.

- Birth, Death, and Marriage Certificates
- State Issued Identification or Driver's License
- Family Bible Records, Government Census Report
- U.S. Military Records
- Enrollment on Federally Recognized Indian Census or Rolls
- Clear and legible photograph of ancestor's burial marker

If you have questions regarding what qualifies as "official" and acceptable documents for proof of identity and lineage, please email us at your earliest convenience (**applications@whitetopnation.org**).

Please note—you must submit a Pedigree or Family Tree and all supporting documents with your completed application. Thank you. Sample provided at end of the application.

Applications are accepted via mail secure tribal website or PayPal (https://www.paypal.com/donate/?hosted_button_id=GNC6HHYKQ4FCQ)

Physical applications should be mailed to the following address:

**Whitetop Nation
ATTN: Department of Culture and Heritage
P.O. Box 867, Georgetown, KY 40324**

**Email applications to:
applications@whitetopnation.org**



THE WHITETOP
NATION

ADMISSION PROCESSING FEES

For all initial enrollments for full Citizenship, please enclose **\$65.00**
***FOR PHYSICAL APPLICATIONS Enclose check or money order payable to:**
THE WHITETOP NATION

Enrollment processing fees are not refundable.

Please fill out the appropriate information on the enrollment form. Any incorrect information could result in the following:

- i. Denial of enrollment
- ii. Re submittal of the enrollment form
- iii. Additional processing fees

Tribal ID card is separate from tribal application.

- The primary enrollment individual is provided one card, which is included in the initial fee. Each additional card for spouses or children cost \$35 per card.

RENEWAL CARD FEE \$35 EVERY 4 YEARS FROM BIRTH MONTH.

ADULT CARDS ARE VALID FOR THOSE OVER THE AGE OF 18.

ADOLESCENT CARDS ARE VALID FROM 10 TO 18 YEARS OF AGE.

CHILD CARDS ARE VALID FROM BIRTH TO 10 YEARS OF AGE. *IDS ARE NOT REQUIRED FOR CHILDREN UNDER 10 YEARS OF AGE.

ID photographs will be requested upon enrollment approval.

- ID cards will have an expiration date of the last day of members birth month.
- Tribal ID cards for additional enrollees (i.e. your spouse/partner, minor children included in this enrollment form) are
\$35.00 each
- Replacement ID /ID cards can be requested later for an additional fee of \$35 each

There are no other fees for Citizenship nor monetary benefits to our citizens at this time.

Enrollments are processed in the order they are received.

This 7-2024 of the Whitetop Nation enrollment form supersedes any other version.



THE WHITETOP
NATION

APPLICANT'S CITIZENSHIP ENROLLEMNT INFORMATION

NAME: Last Name _____ First Name _____ Middle Name or Initial _____

STREET ADDRESS: _____

CITY: STATE: ZIP: _____

EMAIL ADDRESS: _____ PHONE: (____) _____

SPOUSE'S NAME: _____ DATE OF BIRTH: __/__/__

NUMBER OF CHILDREN IN YOUR FAMILY THAT ARE UNDER THE AGE OF **18**. MALE: _____

FEMALE: _____

APPLICANT'S PERSONAL CHARACTERISTICS

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: __' __" WEIGHT: _____

DATE OF BIRTH: __/__/__ BIRTH LOCATION: _____

Please attach copies of your state-issued ID or Driver's License, Birth Certificate, and Pedigree/Family Tree showing DIRECT LINEAGE to the Whitetop Nation with supporting documents for each ancestor/link.

The following sheets need to be completed as part of your application. First is the citizen type you are applying for; please ("X") in the appropriate location. Then, continue to fill out all the information. This will document your current and ancestral lineage. Remember, you **MUST** be a direct descendent of a Whitetop Nation ancestor. Your application will be kept in our private files and will remain confidential. By signing and submitting your application to the tribe, you consent to the tribe's use of your contact information (name, address, etc.) for official tribal business purposes. You may receive newsletters and other tribal communications.

_____ Initial this box to opt-out of receiving tribal communications. (This would mean no further communication with the tribe and may hinder notification of enrollment and other vital tribal communications.)

_____ Initial this box to receive email tribal communications.

_____ Initial this box to receive text tribal communications. (MSG and Data rates may apply)

_____ Initial this box to receive phone tribal communications.

_____ Initial this box to receive mailing tribal communications.

CITIZENSHIP APPLYING FOR

Citizen ()

Associate Citizen ()



THE WHITETOP
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Please list all information on children living in your home to be considered for Citizenship. Attach pages with additional children if necessary.

If you have a child that is 18 or older—they will need their own application.

Children residing with the primary applicant to be considered for Citizenship

Children ages 14-17 are required to sign if Citizenship is desired.

APPLICANT'S NAME: _____ MIDDLE NAME: _____

LAST/MAIDEN NAME _____

GENDER: M () F ()

DATE OF BIRTH: ____ / ____ / ____

DATE OF MARRIAGE: ____ / ____ / ____

SPOUSE NAME: _____ MIDDLE NAME: _____

LAST/MAIDEN NAME _____

DATE OF BIRTH: ____ / ____ / ____

GENDER: M () F ()

CHILDREN? YES ___ NO ___

1. NAME: _____ DATE OF BIRTH ____ / ____ / ____ CITY/STATE OF BIRTH _____

MALE: () FEMALE: () AGE AT TIME OF APPLICATION: _____ BIOLOGICAL _____

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

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2. NAME: _____ DATE OF BIRTH __ / __ / ____ CITY/STATE OF BIRTH _____

MALE: () FEMALE:() AGE AT TIME OF APPLICATION: _____ BIOLOGICAL _____

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

3. NAME: _____ DATE OF BIRTH __ / __ / ____ CITY/STATE OF BIRTH _____

MALE: () FEMALE:() AGE AT TIME OF APPLICATION: _____ BIOLOGICAL _____

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

4. NAME: _____ DATE OF BIRTH __ / __ / ____ CITY/STATE OF BIRTH _____

MALE: () FEMALE:() AGE AT TIME OF APPLICATION: _____ BIOLOGICAL _____

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

5. NAME: _____ DATE OF BIRTH __ / __ / ____ CITY/STATE OF BIRTH _____

MALE: () FEMALE:() AGE AT TIME OF APPLICATION: _____ BIOLOGICAL _____

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

6. NAME: _____ DATE OF BIRTH __ / __ / ____ CITY/STATE OF BIRTH _____

MALE: () FEMALE:() AGE AT TIME OF APPLICATION: _____ BIOLOGICAL _____

CHILD'S SIGNATURE (IF 14-17): _____

BIOLOGICAL PARENT'S SIGNATURE (IF UNDER 14): _____

****ATTACH ADDITIONAL SHEETS OF MORE THAN 6 CHILDREN**



APPLICANT'S FULL NAME: _____

FULL NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)

FULL NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

FULL NAME OF MEMBER'S FATHER: _____

FULL NAME OF MEMBER'S MOTHER: (Give name before marriage)

FULL NAMES OF MEMBER'S BROTHERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

FULL NAMES OF MEMBER'S SISTERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____



THE WHITETOP
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Please list the names of your Ancestors on this page.
Attach pages with additional information if necessary.

ANCESTORS OF PRIMARY APPLICANT

APPLICANTS' NAME: _____ DATE OF BIRTH: / /

1. I AM THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: / / CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: / / CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH / / CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: / / CITY _____ COUNTY _____, STATE: _____

MARRIAGE: / / COUNTY _____, STATE _____

DIVORCE/ANNULMENT: / / COUNTY _____, STATE _____

2. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: / / CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: / / CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH / / CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: / / CITY _____ COUNTY _____, STATE: _____

MARRIAGE: / / COUNTY _____, STATE _____

DIVORCE/ANNULMENT: / / COUNTY _____, STATE _____

3. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

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DATE OF MOTHER'S BIRTH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___ / ___ / ___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___ / ___ / ___ COUNTY _____, STATE _____

4. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___ / ___ / ___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___ / ___ / ___ COUNTY _____, STATE _____

5. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___ / ___ / ___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___ / ___ / ___ COUNTY _____, STATE _____

6. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___ / ___ / ___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___ / ___ / ___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___/___/___ COUNTY _____, STATE _____

7. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___/___/___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___/___/___ COUNTY _____, STATE _____

8. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___/___/___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___/___/___ COUNTY _____, STATE _____

9. WHO IS THE SON()_DAUGHTER() OF MOTHER FIRST NAME: _____ MIDDLE NAME: _____
MADIEN NAME: _____ FATHER FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____

DATE OF MOTHER'S BIRTH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF MOTHER'S DEATH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S BIRTH ___/___/___ CITY _____ COUNTY _____, STATE: _____

DATE OF FATHER'S DEATH: ___/___/___ CITY _____ COUNTY _____, STATE: _____

MARRIAGE: ___/___/___ COUNTY _____, STATE _____

DIVORCE/ANNULMENT: ___/___/___ COUNTY _____, STATE _____



THE WHITETOP
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Please list the names of any family member who is a current Tribal Citizen. Attach pages with additional information if necessary.

1. Full Name: _____ Tribal Number: _____

2. Full Name: _____ Tribal Number: _____

3. Full Name: _____ Tribal Number: _____

4. Full Name: _____ Tribal Number: _____

5. Full Name: _____ Tribal Number: _____

6. Full Name: _____ Tribal Number: _____

7. Full Name: _____ Tribal Number: _____

8. Full Name: _____ Tribal Number: _____

9. Full Name: _____ Tribal Number: _____

10. Full Name: _____ Tribal Number: _____

Name: _____
 Address: _____
 Telephone: (A/C _____) _____

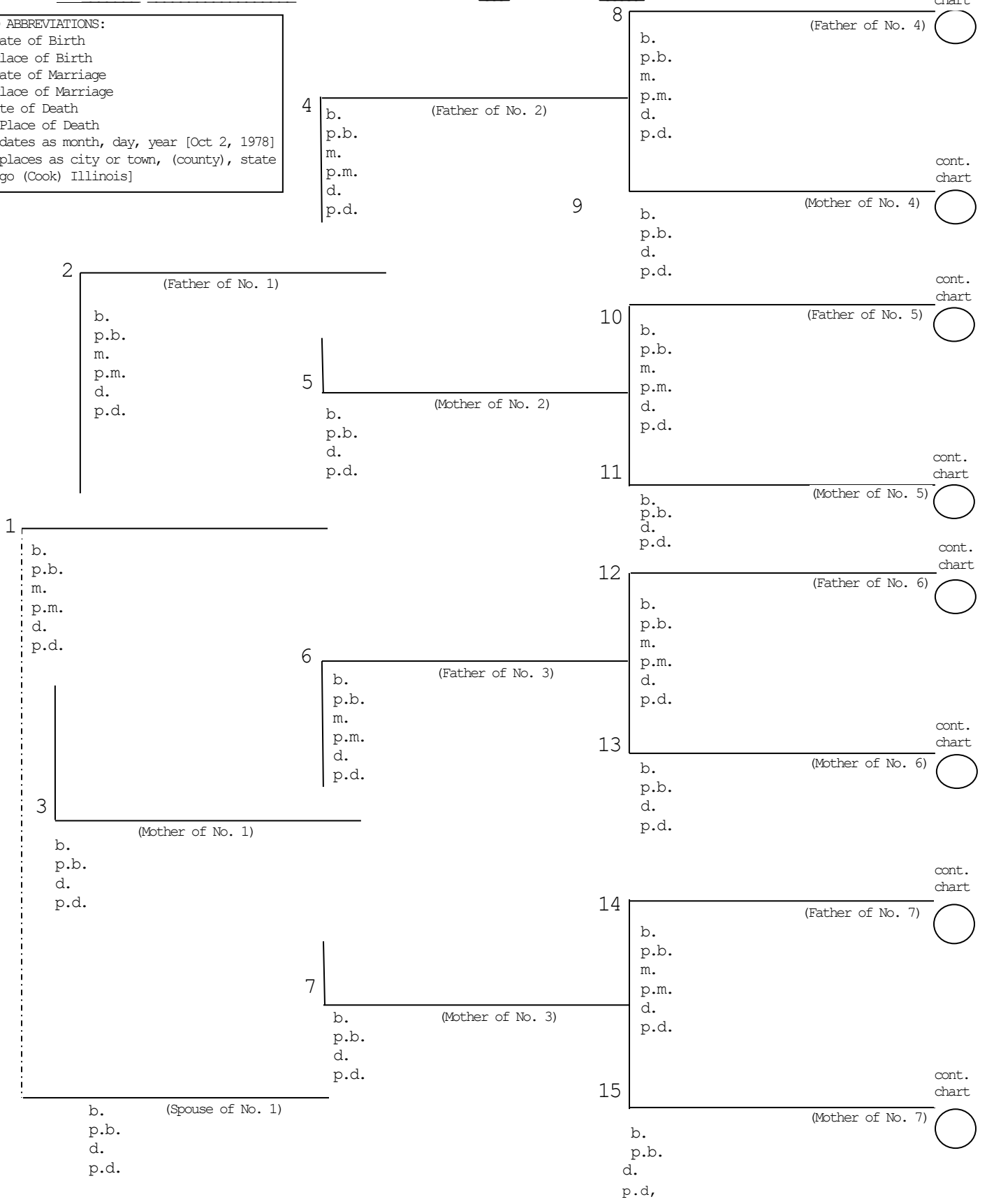
ANCESTRY CHART

CHART NO.

Person No. 1 on this chart is the same person as No. _____ on chart No. _____

KEY TO ABBREVIATIONS:
 b. Date of Birth
 p.b. Place of Birth
 m. Date of Marriage
 p.m. Place of Marriage
 d. Date of Death
 p.d. Place of Death
 Write dates as month, day, year [Oct 2, 1978]
 Write places as city or town, (county), state
 [Chicago (Cook) Illinois]

HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1, your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry farther back than this form allows, simply enter the name of your relative which appears in the column numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.



This chart is required per BIA regulation. Additional copies required for each ancestry line 8-15 who are descendants of ANY Tribal relations as necessary to confirmed tribal members. List each individual confirmed as a Whitetop Nation enrollee/ancestor with (*) or an Indigenous Tribe, either State or Federally recognized by ().**



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I certify that all the information above is accurate to the best of my knowledge and understand that any false information will render this application void. I also certify that I am not a citizen of any other tribe.* **Initial** _____

Print Last Name- _____ Madien Name _____ First Name _____ MI _____

SIGNATURE: _____ DATE: ____ / ____ /20 _____

SPOUSE – Last Name: _____ Madien Name: _____ First Name _____ MI _____

SIGNATURE: _____ DATE: ____ / ____ /20 _____

*If you are currently a member of another tribe, a notarized relinquish form (provided by Whitetop Nation) will be required for Citizenship.

Mailing address:

**THE WHITETOP NATION
ATTN: DEPT OF CULTURE & HERITAGE
P.O. BOX 867
GEORGETOWN, KY 40324**

Email address:

applications@whitetopnation.org



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THIS PAGE TO BE COMPLETED BY ADMINISTRATION

APPLICANTS FULL NAME: _____ WBNI# _____

RECEIVED BY: _____ DATE: __/__/20__

REVIEWED BY: _____ DATE: __/__/20__

APPROVED / DECLINED BY: _____ DATE: __/__/20__

<u>ELECTRONIC TRANSACTION #</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>DEPOSITED</u>
---------------------------------	----------------	---------------	------------------

NOTES _____



Application Inspection Checklist

Last Name: _____ First Name: _____ M.I.: _____

Driver's License _____

Photo (2X2X2) approx. _____

Birth certificate _____

Marriage certificate _____

Parents birth/death certificate _____

Parents marriage certificate _____

Grandparents' birth/death certificate _____

If before 1940 look for U.S. Census to verify connection

Grandparents' Marriage certificate/records _____

Great-grandparents -birth/death certificate _____

If before 1940 look for U.S. Census to verify connection

Great-Grandparents' marriage certificate/records _____

2X Great-grandparents -birth/death certificate or census to verify connection

Application signed & dated

. relevant Military/DD214 records for applicant/ancestors

PLEASE include a list of your siblings & their birth date (Optional)

Inspected by _____

Date _____

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WHITETOP NATION IDENTIFICATION CARD APPLICATION

NOTICE: All information on this application must be in INK. Applications held for 90 days only. WN CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED. APPLICATIONS COST \$35.00 PER CARD EXCLUDING ANY DONATIONS PER QUESTIONS 4 - 9

FOR DEPARTMENT USE ONLY
RESTRICTIONS/ENDORSEMENTS

ASSIGNED # _____

Application for Tribal Identification: Adult (17 Years 10 Months and Older) Youth (9 Years 10 months to 18 years of age)
 Child (birth to 10 years of age)

Select one: Original Renewal Replacement Address or Name Change

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Suffix: _____ Birth Surname (Maiden): _____ SSN: _____

Date of Birth (mm/dd/yyyy): _____ Sex (select one): Male Female Height: _____ Ft. _____ In. Weight: _____ Lbs.

Eye Color (select one): Blue Brown Gray Hazel Green Black Maroon Pink

Hair Color (select one): Black Red Gray Brown Blonde Bald White

Tribal Number (select one): _____

Citizen: _____ Associated: _____ Honorary: _____

Place of birth: City: _____ State: _____ County: _____ Country: _____

Father's Last Name: _____ Mother's Maiden Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Other Phone: _____ Email: _____

In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:

a) Name _____ Phone Number _____ Address _____

b) Name _____ Phone Number _____ Address _____

Alternate Address: (Authorized Personnel Only)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

1. Are you a veteran? If no, go to question 2.
 - a.) Do you want a Veteran designator on your ID, (Proof of DD-214 or current active duty orders) or
 - b.) Are you > than or 50% disabled or are you 40% and have had a lower extremity amputated and want a Disabled Veteran designator on your DL or ID? (Proof of honorable discharge is required; some acceptable documents are DD214/215, NGB22, VA disability letter, Veteran Identification card, or proof of service/ verification of honorable service card. Proof of disability is required for Disabled Veteran designator)
 - c.) If you want a Veteran or Disabled Veteran designator, do you want the branch of service shown on your ID? If yes, select one:
 - Army Air Force Coast Guard Marines Navy Space Force National Guard
2. Are you or have you served as a Tribal Elder? (Proof of service required) If no, go to question 3.
 - a.) Do you want a Elder designator on your ID?
3. Would you like to register as an organ donor?
4. Do you want to donate to the Len Rineholt Endowment? If yes, please indicate a donation amount of \$1 or more \$ _____ .00.
5. Do you want to support the Whitetop Nation Land fund? If yes, please indicate a donation amount of \$1 or more \$ _____ .00.
6. Do you want to support Whitetop Nation Veterans? If yes, please indicate a donation amount of \$1 or more \$ _____ .00.
7. Do you want to support the Federal/State Recognition process? If yes, please indicate a donation amount of \$1 or more \$ _____ .00 to help in the funding of legislation and required processing fees by the States and the federal government.
8. Do you want to support the reclamation of tribal sovereign cemeteries and lands? If yes, please indicate a donation amount of \$1 or more \$ _____ .00 to help fund the research of tribal cemeteries and the creation/placement of plaques for recognition.
9. Do you want to support the issuance of a Tribal ID for foster or homeless youth? If yes, please indicate a donation amount of \$1 or more \$ _____ .00 to exempt this population from paying any fees.

REQUIRED DIGITAL ITEMS FOR APPLICATION TO BE PROCESSED

- 1) 2"X2" PASSPORT PHOTO
- 2) DIGITAL COPY OF LEGAL SIGNATURE OF APPLICANT FOR INCLUSION ON ID
- 3) PROOF OF RESIDENCE
- 4) ENCLOSED AMOUNT OF CARD AND DONATIONS VIA CHECK TO BE MAILED WITH APPLICATION OR

ONLINE PAYMENT THROUGH PAYPAL LINK [CLICK HERE](#) OR <https://www.paypal.com/donate/?>

hosted_button_id=GNC6HHYKQ4FCQ

APPLICATIONS MAILED TO: (Physical copies are required prior to ID being issued)

Whitetop Nation

ATTN: Department of Culture and Heritage
P.O. Box 867, Georgetown, KY 40324

OR

applications@whitetopnation.org

NOTICE: The information on this application is required by the Whitetop Nation Identification Act. Failure to provide the information is cause for refusal to issue an identification card, and in some cases, cancellation or withdrawal of select privileges. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or 6 months in jail.

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for tribal identification card applicants but voluntary for election identification certificate applicants. This information is solicited pursuant to 42 U.S.C. section 405(c)(2)(C)(i), 42 U.S.C. section 666(a)(13)(A), 6 C.F.R. section 37.11(e), 49 C.F.R. section 383.153, Bureau of Indian Affairs, and Whitetop Nation Code. The Department will use social security number information for identification purposes and will only release the number as statutorily authorized by Whitetop Nation Code.

UNITED STATES SELECTIVE SERVICE

Any male at least 18 but younger than 26 years of age submitting this application consents to registration with the United States Selective Service System. Alternative options for those who object to conventional military service for religious or other conscientious reasons may be found at: <https://www.sss.gov/About/Alternative-Service>. By submitting this application, I am consenting to registration with the United States Selective Service System if my registration is required by federal law.

BIA RENOUNCEMENT OF ANY OTHER TRIBAL CITIZENSHIP (INITIAL EACH STATEMENT BELOW):

- I am not registered, nor am enrolled with another Tribal Nation.
- I have not held, nor hold, any formal or informal relations with another tribe that has me act in any matter on their behalf within the Whitetop Nation.
- I further swear, affirm, or certify that I renounce citizenship within any other tribe other than Whitetop Nation until such time as I provide certified letter to Whitetop Nation that I renounce citizenship.
- I acknowledge that this application will be kept on file for Tribal and BIA records to validate tribal registry.

DO NOT INITIAL OR SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC.

CERTIFICATION

I do solemnly swear, affirm, or certify that I am the person named herein, or the parent of said minor, and that the statements on this application are true and correct. I further certify my residence address is a (select one): single family dwelling, apartment, motel, temporary shelter. I understand that I am required by law to report any change of name or I understand I am required by law to report any change of name or address to the Whitetop Nation within forty-five days.

X Signature of Applicant: _____ Date _____

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public in and for the State of _____ /Authorized Officer