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 he application.

Applications are accepted via mail secure tribal website or Zeffy

(https://www.zeffy.com/en-US/ticketing/whitetop-nation-enrollment-and-tribal-id-application-payments)

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
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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.

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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 (☐)

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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): _____

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 _____

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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:_____

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_____

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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 father 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.

1
b.
p.b.
m.
p.m.
d.
p.d.

2 (Father of No. 1)
b.
p.b.
m.
p.m.
d.
p.d.

3 (Mother of No. 1)
b.
p.b.
d.
p.d.

4 (Father of No. 2)
b.
p.b.
m.
p.m.
d.
p.d.

5 (Mother of No. 2)
b.
p.b.
d.
p.d.

6 (Father of No. 3)
b.
p.b.
m.
p.m.
d.
p.d.

7 (Mother of No. 3)
b.
p.b.
d.
p.d.

(Spouse of No. 1)
b.
p.b.
d.
p.d.

8 (Father of No. 4)
b.
p.b.
m.
p.m.
d.
p.d.
cont. chart ( )

9 (Mother of No. 4)
b.
p.b.
d.
p.d.
cont. chart ( )

10 (Father of No. 5)
b.
p.b.
m.
p.m.
d.
p.d.
cont. chart ( )

11 (Mother of No. 5)
b.
p.b.
d.
p.d.
cont. chart ( )

12 (Father of No. 6)
b.
p.b.
m.
p.m.
d.
p.d.
cont. chart ( )

13 (Mother of No. 6)
b.
p.b.
d.
p.d.
cont. chart ( )

14 (Father of No. 7)
b.
p.b.
m.
p.m.
d.
p.d.
cont. chart ( )

15 (Mother of No. 7)
b.
p.b.
d.
p.d,
cont. chart ( )

This chart is required per BIA regulation. Additional copies required for each ancestry line 8-15 who are descendants of <u>ANY</u> 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.

ELECTRONIC TRANSACTION CONFIRMATION #_____ or CHECK #_____

Mailing address:

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

Email address:

applications@whitetopnation.org

This 11-2026 of the Whitetop Nation enrollment form supersedes any other version.

THIS PAGE TO BE COMPLETED BY ADMINISTRATION

APPLICANTS FULL NAME:_____WBNI# _____

RECEIVED BY: _____ DATE:____/____/20_____

REVIEWED BY:_____ DATE: ___/___/20_____

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

ELECTRONIC TRANSACTION #_____CHECK #_____AMOUNT_____DEPOSITED_____

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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