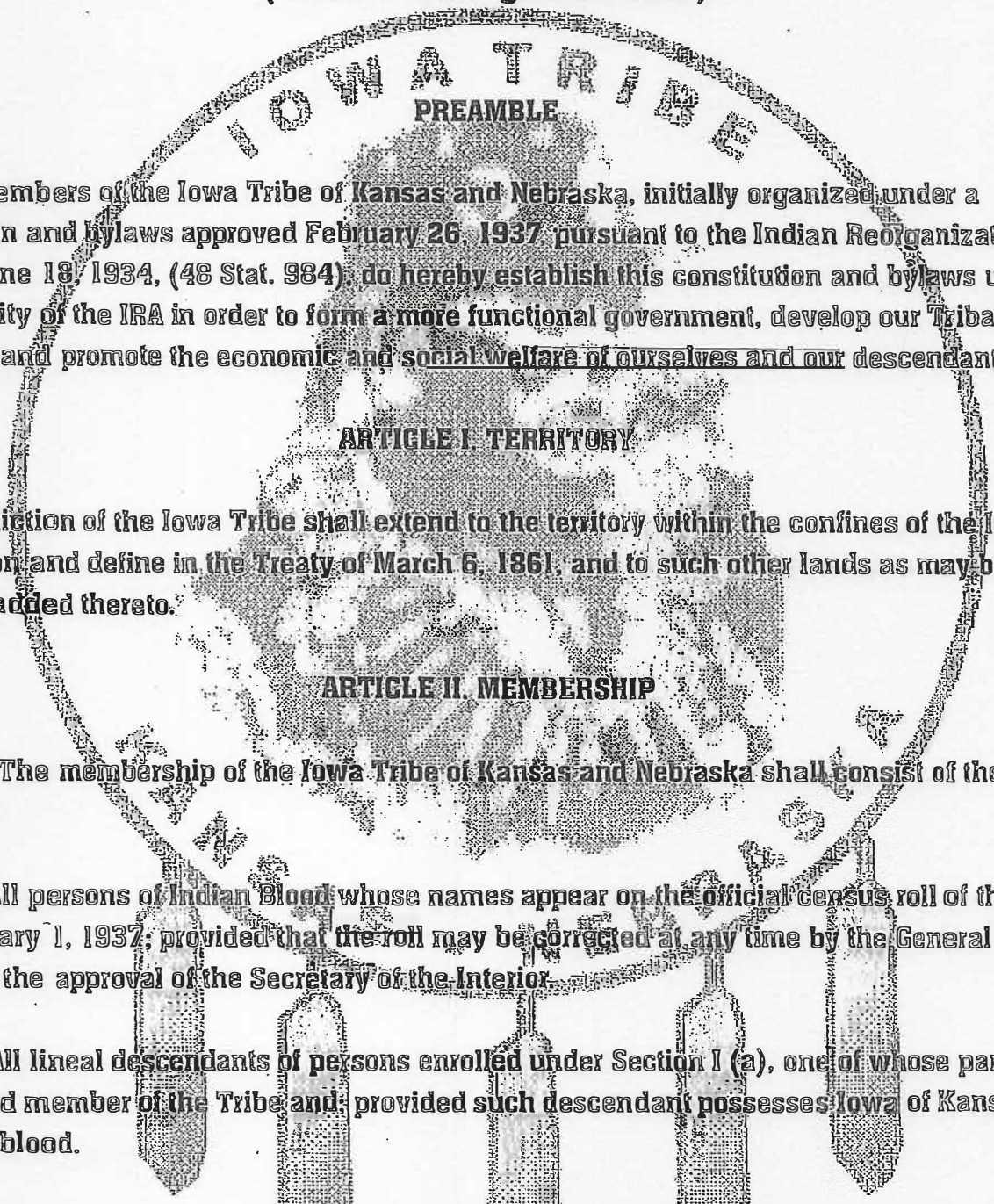
CONSTITUTION AND BYLAWS OF IOWA TRIBE OF KANSAS AND NEBRASKA
(as amended August 27, 1980)



PREAMBLE

We, the members of the Iowa Tribe of Kansas and Nebraska, initially organized under a constitution and bylaws approved February 26, 1937 pursuant to the Indian Reorganization Act (IRA) of June 18, 1934, (48 Stat. 984), do hereby establish this constitution and bylaws under the authority of the IRA in order to form a more functional government, develop our Tribal resources and promote the economic and social welfare of ourselves and our descendants.

ARTICLE I. TERRITORY

The Jurisdiction of the Iowa Tribe shall extend to the territory within the confines of the Iowa Reservation and define in the Treaty of March 6, 1861, and to such other lands as may be hereafter added thereto.

ARTICLE II. MEMBERSHIP

Section I. The membership of the Iowa Tribe of Kansas and Nebraska shall consist of the following:

A. All persons of Indian Blood whose names appear on the official census roll of the Tribe as of January 1, 1937; provided that the roll may be corrected at any time by the General Council, subject to the approval of the Secretary of the Interior.

B. All lineal descendants of persons enrolled under Section I (a), one of whose parents is an enrolled member of the Tribe and, provided such descendant possesses Iowa of Kansas and Nebraska blood.

Section II. Persons who are enrolled as members of another Indian Tribe shall not be eligible for enrollment with the Iowa Tribe of Kansas and Nebraska if they have, by virtue of enrollment as members of another Indian Tribe, shared in assets of that Tribe, including land or monetary benefits. Persons who are enrolled as members of another Indian Tribe and have not shared in Tribal assets as specified above, shall be eligible for membership with the Iowa Tribe of Kansas and Nebraska if they file a formal relinquishment of membership in the other Tribe.



AFFIDAVIT

I, _____ hereby certify that I am the
(Indian Parent)

natural _____ of _____ born
(Father/Mother) (Indian Child)

_____.
(Indian Child's D.O.B.)

I am an enrolled member of the Iowa Tribe of Kansas and Nebraska and do swear that
_____ possesses Iowa of Kansas and Nebraska Indian Blood.
(Indian Child)

_____
(Indian Parent)

SUBSCRIBED AND SWORN TO me before this _____day of _____20_____.

_____
Notary Public in, and for the
state of _____,
residing at:_____
_____

SEAL

Commission
Expiration Date _____

Applicant's full name: _____

Indian, maiden, or other name by which known: _____

Male or Female: Circle one.

Mailing Address: _____ Phone No. _____
City _____ State _____ Zip _____

Date of Birth: _____ Place of Birth: _____ S.S. No.: _____

Ancestor on 1937 base roll through whom enrollment rights are claimed:
Name: _____ Roll No.: _____ Relationship: _____

DEGREE OF INDIAN BLOOD CLAIMED:
Iowa _____Other (give degree and Tribe)_____Total Degree of Iowa _____

Is either parent enrolled as a member of another Tribe? Circle one: Yes / No
If yes, which parent and with what Tribe? _____

Is applicant an adopted child? Circle one: Yes / No
Is applicant enrolled with another Tribe? Circle one: Yes / No
Is applicant a direct lineal descendant of a member of the Iowa Tribe? Circle one: Yes / No

In executing the foregoing application and making the statement therein set forth and attached thereto, I am fully aware of the provisions of Section 1001, Title 18, U.S.C., providing in effect than any person or persons in connection with "any matter within the Jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or representation, or makes or uses any false writing of document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined no more than $10,000 or imprisoned not more than five years, or both".

ORIGINAL BIRTH CERTIFICATE AND AFFIDAVIT OF NATURAL PARENTS MUST BE SUBMITTED WITH THE APPLICATION FORM OR YOU WILL NOT BE ELIGIBLE FOR ENROLLMENT.

Date Signed: _____
Signature of adult applicant or sponsor: _____
If sponsored application, relationship of sponsor to applicant.
_____(Do not write below this line) FILL OUT BACK PAGE_____

RECOMMENDATION OF ENROLLMENT COMMITTEE
Eligible and Certified for Enrollment under Article II. Section I.
Item A. Item B.

_____ _____
DATE ENROLLMENT OFFICER

ACTION BY EXECUTIVE COMMITTEE

VOTE:_____ FOR_____ AGAINST_____.
DATE OF MEETING:_____

Iowa Tribe of Kansas and Nebraska

Family Tree Chart for:

PLEASE JUST FILL OUT THE FAMILY TREE ON THE INDIANS PARENTS SIDE

mother

father

Grandmother

Grandfather

Grandmother

Grandfather

G-Grandmother

G-Grandfather

G-Grandmother

G-Grandfather

G-Grandmother

G-Grandfather

G-Grandmother

G-Grandfather

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