Memorandum of Understanding

[Department of Indian and Northern Affairs Canada | U.S. Department of the Interior (doi.gov)](https://www.doi.gov/intl/agreements/MoU-Department-of-Indian-and-Northern-Affairs-Canada-and-Department-of-the-Interior)

Our mission is to unite with one another in “Indian Unity” to mend the broken bloodlines of our ancestors, as well as restore the balance to ourselves, to Mother Earth, the Laws of Nature and the Universe. According to Spiritual Law, we have all been ordained to honor and respect Natural law for more than Six generations. Our focus is to rebuild. We must return our bloodlines back to their natural order now that the land has been restored back to the Aborigine nations of the Iroquois Confederacy. Our union is the first of many. As Pan-Americans and Aborigines, we are secure in knowing that LINNA and the Iroquois stand in solidarity with the same mission. It is your turn to join us and live in your divine and natural purpose as you were meant to according to our ancestors.

Before you dive into this application, keep in mind that all information that you provide to us will be checked for its accuracy and intent. We ask that you provide as much information as possible regarding your family and bloodline for at least five generations back. If that is not possible, we will also accept Ancestry test results, Cherokee blood test results, My Heritage results, 23 and me results, and African Ancestry results. We can trace your ancestry from there for an additional fee to get you into compliance.

If your intent to join is not tribal community oriented, humanitarian based or does not spiritually match the frequency of our members your application will be denied. All adult applicants will be asked to provide an FBI background check report before joining for the safety of our members. There is a one-year probationary period for all new members.

**MEMBERSHIP APPLICATION**

I the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Day Month Year)

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Names Known By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a DBA? If yes do provide us with a copy.

I do declare that:

1. My birth identity is as noted above.

2) I am currently an Indian member of the following community or Band.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(name of community or band) My reason(s) for seeking enrollment in LINNA: such as, I was previously an Indian member of the following community or band: (name of community or band) My reason(s) for leaving the community or band:

3) I am able to prove my Aboriginal identity with documents or recognized status of a family member or Aboriginal community.

4) I commit myself to respect the laws and rules of LEAGUE OF INDIAN NATIONS OF NORTH AMERICA.

5) To the best of my knowledge all information thereof is true. IN GOOD FAITH.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Autograph Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness

LEAGUE OF INDIAN NATIONS OF NORTH AMERICA

c/o National Register Office

2809 W Stan Schlueter Loop, Ste 101 #412

Killeen, Texas 76549

Tel: 1-888-737-8987 Fax: 254-765-2678

Web site: [www.linna-usa.org](http://www.linna-usa.org)

Email: [nationalregister@linna-usa.org](mailto:nationalregister@linna-usa.org)

AFFIRMATION

Note: There is a $75.00 re-issue fee for current card holders. The card holders must surrender their old cards to receive the new identification cards now being issued.

There is a non-refundable administration fee of $400.00, for new applicants payable to League of Indian Nations of North America and a $45 card fee per Minor child under 18 years of age. Fees can be paid by **Postal** **Money Orders** or contact us for other payment methods.

FBI information for background checks can be found at the link below.

[Rap Sheets (Identity History Summary Checks) — FBI](https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks)

I affirm that I have given truthful and legal information in this application. I also affirm that the information provided is MY sole responsibility and not the responsibility of (League of Indian Nations of North America (LINNA©™®) of any changes and/or updates in regard to my application.

Please press firmly with a blue ink pen. Ladies, please use your maiden name only, as this is your aboriginal birth right.

Autograph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tribe/Nation/Government Information ... Please be as complete as possible; all information confidential**

**(The top 3 to 5 people of your establishment must Join with you, repeat this page for each of them as well)**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Officer/Minister/Chief** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Established:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach Logo and/or Flag and Seal for your protection within LINNA**

**Lineage Information ... Please be as complete as possible; all information confidential**

Mother’s Name dd mm yyyy Family, First, Middle Date of Birth Maiden Name

Father’s Name dd mm yyyy Family, First, Middle Date of Birth Place of Birth

|  |  |  |  |
| --- | --- | --- | --- |
| Brother/  Sisters | Last; First, Middle | M/F | Date of Birth (ddmmyyyy) Place |
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|  |  |  |
|  |  |  |
|  |  |  |
| Children | Last; First, Middle | M/F | Date of Birth (ddmmyyyy) Place |
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INTAKE SHEET (REPEAT FOR EACH ADULT AND CHILD)

First Name: Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Do not use PO Boxes)**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Official Use Only:**

LINNA ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Council Member

DBA File # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Applicable)

Nation/Tribe/Gov#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Sized Photo

**Autograph in Blue Ink Between the Lines** \_\_\_\_\_\_

<mailto:nationalregister@linna-usa.org>

**Please Note: Replacement cards cost –** **$100 with postal tracking.**

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COMPLIANCE CHECKLIST BEFORE UPLOADLING YOUR APPLICATION

COPY OF STATE VITAL RECORD BIRTH CERTIFICATE ADULT AND CHILDREN, ID FRONT AND BACK.

FBI BACKGROUND CHECK FOR EACH ADULT ON APPLICATION

2 X 2 PASSPORT SIZE PHOTOS OF EACH ADULT AND CHILD.

LINEAGE OF 5 GENRATIONS OF MOTHERS BLOODLINE AND FATHERS BLOODLINE BACK TO THE 1800’S OR FURTHUR.

A BRIEF PROFFESSIONAL SUMMARY OF YOUR PURPOSE FOR JOINING AND WHAT SPECIAL SKILLS WOULD YOUR BUSINESS, NATION, TRIBE OR GOVERNMENT BE ABLE TO OFFER TO OUR LINNA COMMUNITIES. RESUMES ARE ENCOURAGED.

IF APPLICABLE, INCLUDE A PROFFESSIONAL RESUME, LOGO, SEAL, AND FLAG OF YOUR NATION, TRIBE, OR GOVERNMENT.

This is the only Legitimate League of Indian Nations of North America National Government that is honorably in existence. Any duplication of this Application will be considered copyright and trademark infringement. This includes any use of all flags and all seals associated with and affixed with our global aborigine peace humanitarian initiatives and is punishable by law. We will prosecute all violators to the fullest extent of the law for unauthorized and fraudulent use thereof and any unlawful access of our property and that of our members without consent.