



PONCA TRIBE OF NEBRASKA

Enrollment Department • P.O. Box 288 • Niobrara, NE 68760
Phone: 402.857.3391 Ext 403 • Fax: 402.857.3736

To: All Ponca Member Households

From: The Enrollment Committee

We are conducting a survey to complete the census in accordance with the Ponca Tribe of Nebraska's Constitution Article II Section 8.

"...Once every year in the month of April, the Enrollment Committee shall conduct a census of the members of the Ponca Tribe of Nebraska and the roll of members shall be amended according to the findings of the census conducted..."

The information that you provide to us on this questionnaire will allow us to update the enrollment records.

You may mail, email or fax this questionnaire back. We thank you for your time and assistance in this matter.

Your Name Bruce Alan Martin

1. Is there a member or a relative that you know has passed away in the last 5 years?

Yes YES: _____ No _____

2. If yes, please list the name of the individual(s) that you know of and who we may contact for further information.

NAME: Lance Martin -- his birth name was Martin Friedman; he was adopted into Ponca tribe as "Turtle Foot"

CONTACT: Bruce Alan Martin (eldest son; executor of his will)
P.O.Box 456, Middle Island NY 11953-0456

(631) 332-0567 =cell
(631) 924-8680 =home

3. Are we sending all of your mailings to the correct address?

Yes _____ No _____

If no, please list your complete mailing address. (Please include the Apt. #, PO Box, etc.)

P.O.Box 456

Middle Island, NY 11953-0456

4. Do you know any Ponca Members who are not receiving any mailings from the Ponca Tribe?

Yes _____ No _____

If yes, please list name and current address, if known.

5. Please list the names of all the Ponca members who reside in your home, **including yourself**.

Bruce Alan Martin

Deborah Martin (wife)

Adam David Alan Martin (son)

Dr. Crystal Martin (daughter)

6. If you have a child that has recently moved out of your household please list the address.

7. If you have recently had a name change due to marriage, divorce or otherwise, please list your new name below and send in a copy of your marriage license, divorce decree etc for verification of name change.

8. Are you a registered Tribal Voter? Yes _____ or No _____
(If you are unsure, please contact the Enrollment Office for assistance)

8a. If you are not registered would you like a Tribal Voter Registration form sent to you? Yes _____ or No _____

9. Have you served in the military? Yes _____ or No _____

9a. Date of service ____/____/____