



ALGONQUINS OF PIKWAKANAGAN FIRST NATION

APPLICATION FOR MEMBERSHIP FOR A DEPENDANT (UNDER 18)

An application must be completed on behalf of any dependant wishing to become a member of the Algonquins of Pikwakanagan First Nation, in its entirety, signed by the parents or legal guardian of the dependant, with supporting documentation. Your application for a dependant must be submitted to the Registrar, Algonquins of Pikwakanagan, 1657A Mishomis Inamo, Pikwakanagan, Ontario K0J 1X0 Telephone 613-625-2800 / Fax 613-625-2332.

The child must be registered under the Indian Act and of Algonquin descent unless adopted by someone of Algonquin descent.

PERSONAL INFORMATION

CONFIDENTIAL WHEN COMPLETED

Name of Dependent: _____

Address: _____

Street No. Street Name City Province Postal Code

Dependent's Registry No: _____ Your relationship: _____

Date of Birth: _____ Is the child adopted: _____

Is the child affiliated with another Aboriginal Organization or other First Nation: Yes No

Mother's Name: _____ Father's Name: _____

Registry No: _____ Registry No: _____

First Nation Affiliation: _____ First Nation Affiliation: _____

Telephone #: Home: _____ Telephone: (Work) _____

Were either parent of the child adopted _____

Reasons for Request: (Attach additional page if required) _____

I hereby authorize the Algonquins of Pikwakanagan First Nation to contact persons and/or organizations named in this application and its attachments, or any other as they require, to verify the information for the purpose of evaluating my application for membership with the Algonquins of Pikwakanagan. I hereby declare that the information is accurate and true to the best of my knowledge. I acknowledge, understand and accept that the information presented on this application, or otherwise gathered during this application process, may be presented to all members of the Algonquins of Pikwakanagan First Nation for their consideration, and I fully and freely release the information for that purpose. I also expressly grant permission to the Algonquins of Pikwakanagan First Nation to release to the public any membership granted to me as a result of this application.

Father's Signature _____ Mother's Signature: _____

Date: _____ Date: _____

SUPPORTING DOCUMENTATION ATTACHED IF REQUIRED:

- Proof of Registration under Indian Act BCR allowing release of applicant if accepted (if transferring)
- Proof of Algonquin Ancestry (family tree) Additional Information

Please provide a family tree with your application to show Algonquin descent. Your child's name, mother and father's name, grandparents name stating who is Algonquin. If you are of Algonquin descent and were adopted and do not know your ancestry, just indicate this.

OFFICE USE ONLY:

REGISTRAR

Date Received: _____ Date Reviewed: _____

Date Decision Made: _____ Decision: _____

Reason for Decision: _____

Date Applicant Informed: _____ Date Posted: _____

Appeal Period Ends: _____ Date Accepted as Member: _____

APPEAL BOARD

Date Received: _____ Date Notice of Hearing: _____

Date of Hearing: _____ Date Decision is Made: _____

Decision: _____

Board Members: _____

Recording Clerk: _____ Date Appellant Informed: _____