



ALGONQUINS OF PIKWAKANAGAN FIRST NATION

APPLICATION FOR MEMBERSHIP FOR AN ADULT (18 AND OVER)

An application must be completed by any person wishing to become a member of the Algonquins of Pikwakanagan First Nation, in its entirety, signed by the applicant and their spouse (if applicable), with supporting documentation.

Your application for an adult must be submitted to the Registrar, Algonquins of Pikwakanagan First Nation, 1657A Mishomis Inamo, Pikwakanagan, Ontario K0J 1X0 Telephone 613-625-2800 Fax 613-625-2332 email: mgr.lem@pikwakanagan.ca / assistant.lem@pikwakanagan.ca

Please note anyone who is 18 or older must submit Canadian Police Information Check (Provincial—Level 1) with the application

Personal Information

Confidential when completed

Name: _____

Address: _____

Street No. Street Name City Province Postal Code

Telephone #: _____

Email: _____

Date of Birth: _____

Registry No: _____

First Nation Affiliation: _____

Marital Status: _____

Spouse's Name: _____

Spouse's Registry No: _____

Spouse First Nation Affiliation: _____

Mother's Maiden Name: _____

Fathers Name: _____

Mother's Registry No. _____

Father's Registry Number: _____

Was she adopted? _____

Was he adopted: _____

If adopted, are you of Algonquin descent? Please explain (attach another sheet)

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 First Nation. 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.

Applicant's Signature: _____ Spouse's Signature: _____

Witness: _____ Date: _____

Supporting Documentation must be attached for your application to be considered.

- Proof of Registration under Indian Act
- BCR allowing release of applicant (if transferring)
- Copy of Marriage Certificate (if applicable)
- Police Information Check from resident country
- Proof of Algonquin Ancestry
- Additional Information

Please provide a family tree with your application to show Algonquin descent. The family tree should have your name, mother and father's names, grandparent's names that are Algonquin. If they are from a different First Nation, proof of ancestry must accompany application. Was there anyone in the family line that was adopted into the family. If you are of Algonquin descent but do not know your ancestry, please indicate this. If you are asking for a transfer to our First Nation and when the application is reviewed and deemed completed, the Registrar will forward all information to the Appeal Board Members, who in turn will schedule a hearing to review your application, which you will be invited to attend to answer any questions or present further evidence as to why you should become a member.

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: _____