



Whitefish Lake First Nation #459

General Delivery

Atikameg, AB

T0G 0C0

Phone #: 1-780-767-3860

Fax: (780) 767-3913

APPLICATION FOR MEMBERSHIP IN THE WHITEFISH LAKE FIRST NATION

Please Print

APPLICANT

Surname of Applicant

Given Names

D.O.B: _____

Name of Former Band and Band Number (If Applicable):

Mailing Address:

Postal Code:

Home Phone #: _____

B. APPLICANT'S FATHER

Surname of Father

Given names

D.O.B: _____

Treaty Number and Band Name:

Mailing Address:

Postal Code:

_____ Home Phone #: _____

C. APPLICANT'S MOTHER

Maiden Name of Mother

Given Names

D.O.B: _____

Treaty Number and Band Name

Date of Marriage to Father (If Applicable): _____

Mailing Address:

Postal Code:

_____ Home Phone #: _____

D. GRANDPARENTS

Surname of Paternal Grandfather

Given Names

Treaty#

Band#

Surname of Paternal Grandfather

Given Names

Treaty#

Band#

Surname of Paternal Grandfather

Given Names

Treaty#

Band#

Surname of Paternal Grandfather

Given Names

Treaty#

Band#

E. RESIDENCY

Do You Intend to Reside on the Reserve?

Circle One: Yes No

If you Intend to Reside on the Reserve, With Whom:

CIRCLE ONE

A) Your Parents

B) Your Grand Parents

C) Band Housing

D) Other (Please Explain):

F. REASON FOR SEEKING MEMBERSHIP

Please Indicate the Reason for Seeking Membership

CIRCLE ONE

Both Parents are Members

One Parent is a Member

Spouse is a Member

Other (Please Explain): _____

G. CREE LANGUAGE

Does The Applicant, His/Her Parents, or Guardian Speak Cree?

CIRCLE ONE: Yes No

H. APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

1. A birth certificate or certificate of live birth of the applicant
2. Satisfactory proof of Indian spouses of band members, a marriage certificate must accompany the application.

3. For applicants who are Indian spouses of band members, a marriage certificate must accompany the application

4. For persons from other bands, the following information must be provided:

A. **A letter from the chief and council of that band certifying that they are a member of that band**

B. If the band does not have control of the membership list, a letter from the Department of Indian Affairs certifying that they are a member of that band

C. A complete copy of the attached sponsors support of the applications for membership form signed by **Ten (10)** band members.

5. For members applying for their adopted Indian children, proof of adoption must be provided.

6. Applicants over the age of 16 years may enclose “letters” of reference which comment upon the character and background of the applicant.

7. The membership clerk may request any proof of parentage, including D.N.A or other test results confirming parentage, or an affidavit from one or both parents confirming parentage.

Until all necessary information and documents requested in this application are provided to the membership clerk, the membership application will not be considered by the band council.

All information supplied will be treated in confidence by the band.

I.MAIL THE APPLICATION WITH NECESSARY DOCUMENTS TO:

MEMBERSHIP CLERK/GLENNA NAHACHICK

Whitefish Lake Indian Band \$459

General Delivery

Atikameg, AB

T0G0C0

-OR-

Glennan@whitefishlakeadmin.ca

J.If you require any other information or assistance in completing this application, please contact the membership clerk at 780-767-4030

K. I, _____
Name of Applicant/or Parent of Applicant

Do hereby affirm that the statements and information provided in this application and accompanying documents are, to the best of my knowledge, true and accurate.

L. Date of Applicaton: Month: _____ Day: _____ Year: _____

**Signature of Applicants or
Band Members Parent of
The Applicant**

ACCESS TO INFORMATION

I, _____, Registry No: _____, hereby consent and authorize the Whitefish Lake First Nation Indian registration function to release information held on file by the Whitefish Lake First Nation Indian registration on behalf of the Indian Affairs pertaining to the registration of _____ for the Band Membership to the WHITEFISH LAKE FIRST NATION.

Agreed by: _____

Witness: _____

Dated at _____, Alberta, this _____ day of _____, 20_____