



RR1 Mile 295 Alaska Highway Fort Nelson, BC V0C 1R0
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MEMBERSHIP APPLICATION & LETTER OF CONSENT

A. APPLICATION INFORMATION (CHECK ONE)

Mail (address stated above) or deliver this form (2026 Kennay-Yah Rd) and a copy of the long form birth certificate to the Administration building, Attention: FNFN membership clerk.

1. I request that I, if eligible, be registered on the Fort Nelson First Nation Membership List, as provided under the Fort Nelson First Nation Membership Code.
2. Minors: I make this application as guardian of an applicant who is under the age of 18 year or is mentally incompetent within the meaning of the Indian Act. I request that the applicant, if eligible, be registered on the Fort Nelson First Nation Membership List as provided under the Fort Nelson First Nation Membership Code.
3. Transfers: I request that I, if eligible, be transferred from my present First Nation to the Fort Nelson First Nation Membership List, as provided under the Fort Nelson First Nation Membership Code.

B. REGISTRATION PARTICULARS

Legal Name of Applicant _____

Residential & mailing address _____

On reserve off reserve

Telephone Number _____ Cell Number _____

Date of Birth _____ Gender (circle one) M F

Present First Nation Name _____

Status Number _____

Marital Status _____

(If married, please attach a copy of the Marriage Certificate)

C. PARENTAL INFORMATION

Last Name of MOTHER _____ First Name _____

Maiden Name _____

Residential & mailing address _____

On reserve off reserve

Telephone Number _____ Cell Number _____

First Nation Name _____

Status Number _____

Date of Birth _____ Place of Birth _____

Status Number _____

Are you a FNFN member? Yes No

Last Name of FATHER _____ First Name _____

Residential & mailing address _____

INCOMPLETE OR UNSIGNED FORMS WILL NOT BE PROCESSED

On reserve off reserve

Telephone Number _____ Cell Number _____

Date of Birth _____

First Nation Name _____

Status Number _____

Are you a FNFN member? Yes No

D. WHY DO YOU WANT TO BE A MEMBER OF THE FORT NELSON FIRST NATION? (See Probationary Clause in the Membership Code, page 5).

E. RESIDENCY IN FORT NELSON FIRST NATION COMMUNITY

How long have you lived in the Fort Nelson First Nation community? _____

Previous residence? (If applicable) _____

FILL OUT F AND G, ONLY IF ONE OF THE PARENTS ARE FROM ANOTHER FIRST NATION.

F. I do hereby consent that my child, as listed above, be placed on the Fort Nelson First Nation Membership List rather than the First Nation to which I belong. I understand that my child can only be registered with one First Nation.

SIGNATURE DATE

G. We, the parents of the above named child, are in agreement that our child be placed on the Fort Nelson First Nation Membership List.

MOTHER'S SIGNATURE DATE

FATHER'S SIGNATURE DATE

**DECLARATION –
(IMPORTANT FOR MINORS UNDER THE AGE OF 18, PLEASE READ THE FOLLOWING: MUST BE SIGNED BY FORT NELSON FIRST NATION CUSTODIAL PARENT AND/OR LEGAL GUARDIANS).**

I/We declare and affirm that the information provided on this application form is complete and correct, and is given in order to substantiate the request to be a Fort Nelson First Nation Member.

SIGNATURE DATE

SIGNATURE DATE

OFFICE USE ONLY

CATEGORY _____

DATE BROUGHT TO COUNCIL MEETING _____

DECISION _____

DATE BROUGHT TO PUBLIC MEETING _____

DECISION _____