



APPLICATION FOR MEMBERSHIP



Mail or deliver this form and a copy of the long form birth certificate and clear facial portrait of the applicant to the Administration Building Attention: FNFN Membership Clerk, RR1 Mile 298 Alaska Highway, Fort Nelson, BC V0C 1R0.

- I request that I, if eligible, be registered on the Fort Nelson First Nation Membership List, as provided under the 2004 Fort Nelson First Nation Membership Code.
- Minors: I/We make this application as parent(s)/legal guardian(s) of the applicant, who is under the age of 18 years old. I request that the applicant, if eligible, be registered on the Fort Nelson First Nation Membership List as provided under the 2004 Fort Nelson First Nation Membership Code.
- 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 2004 Fort Nelson First Nation Membership Code.

SECTION 1: Applicant / Child Information

Surname		Given Names	
Sex (as per Birth Certificate) <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (YYYYMMDD)	
Registration Number (10 digits) (if already registered as a status Indian)		First Nation/Band Name (if already registered)	
Permanent Address <input type="checkbox"/> Address is on Reserve			
Number, Street, Apartment			
City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code
Mailing Address (If different from above)			
Number, Street, Apartment, PO Box			
City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code
Telephone Number (Daytime)	Telephone Number (Other)	Email Address	
<p>▶ If applying for a child: Are there separation agreements, court orders or legal proceedings to the custody of the child?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, include photocopies of all legal documents.</p> <p>▶ If applying for a dependent adult, provide a photocopy of the Order of Guardianship.</p>			
Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Not applicable (If married, please attach a copy of the Marriage Certificate)			

SECTION 2: DOCUMENT REQUIREMENTS

Proof of Birth Document <input type="checkbox"/> Copy of document included (must include parental information)		
Registration Number on Birth Document:	Province/Territory of Issuance:	State (USA) of Issuance:
Copy of Facial Portrait <input type="checkbox"/> Copy of document included		

SECTION 3: PARENT(S)/LEGAL GUARDIAN(S) INFORMATION

Note: Correspondence will be addressed to the applying parent/legal guardian unless instructed otherwise.

Applying Parent/Legal Guardian		Other Parent/Legal Guardian	
Surname		Surname	
Given Name(s)		Given Name(s)	
Mailing Address (if different than address of child) Number, Street, Apartment, P.O. Box		Mailing Address (if different than address of child) Number, Street, Apartment, P.O. Box	
Permanent Address (if different from above)		Permanent Address (if different from above)	
City/Town	Province/Territory	City/Town	Province/Territory
State (USA)	Postal/ZIP Code	State (USA)	Postal/ZIP Code
Telephone Number (daytime)	Telephone Number (other)	Telephone Number (daytime)	Telephone Number (other)
Email Address		Email Address	
Relationship to Child/Dependent Adult: <input type="checkbox"/> Parent <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify): _____		Relationship to Child/Dependent Adult: <input type="checkbox"/> Parent <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify): _____	

SECTION 4: DOCUMENT REQUIREMENT FOR APPLYING PARENT/LEGAL GUARDIAN

Supporting Identity Document(s)

Document Type	Document Number	Expiry Date (YYYYMMDD) (if applicable)
Document Type	Document Number	Expiry Date (YYYYMMDD) (if applicable)

SECTION 5: FAMILY INFORMATION

A. Mother Are you a FNFN Member Yes No

Surname	Given Name(s)	Date of Birth (YYYYMMDD)
Registration Number (10 digits) (if already registered as a status Indian)	First Nation/Band Name (if already registered)	

B. Father Are you a FNFN Member Yes No Parent not stated on the birth document

Surname	Given Name(s)	Date of Birth (YYYYMMDD)
Registration Number (10 digits) (if already registered as a status Indian)	First Nation/Band Name (if already registered)	

C. Maternal Grandparents

Surname	Given Names	Date of Birth (YYYYMMDD)	First Nation/Band Name or Registration Number
Grandfather			
Grandmother			
Great-Grandfather (1)			
Great-Grandmother (1)			
Great-Grandfather (2)			
Great-Grandmother (2)			

D. Paternal Grandparents

Surname	Given Names	Date of Birth (YYYYMMDD)	First Nation/Band Name or Registration Number
Grandfather			
Grandmother			
Great-Grandfather (1)			
Great-Grandmother (1)			
Great-Grandfather (2)			
Great-Grandmother (2)			

SECTION 6: CATEGORIES OF ELIGIBILITY / REASON WHY APPLYING FOR MEMBERSHIP

Please indicate which Category the applicant will fall under: (See Membership Code for details of each Category)

 A **B** **C** **D**Additional information on why you want to be a Member of the Fort Nelson First Nation: Attached additional information

SECTION 7: RESIDENCY IN FORT NELSON FIRST NATION COMMUNITY

How long have you lived in the Fort Nelson First Nation Community? (if applicable):

Previous residence? (if applicable)

SECTION 8: DECLARATION AND SIGNATURE OF PARENT(S)/LEGAL GUARDIAN(S)► **Failing to sign and date the declaration will delay the process of the application.**

I/We solemnly declare that all statements made in this application are true, all documents provided to support this application are unaltered, and the enclosed photographs are a true likeness of the applicant.

A. Parent/Legal Guardian's Signature(s): Applicant under the age of 18 must have parental consent.

If eligible, I/We request to have our child registered on the Fort Nelson First Nation Membership in accordance with the 2004 Membership Code.

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

DATE (YYYYMMDD)

DATE (YYYYMMDD)
B. Applicant's Signature: Application over the age of 18 must consent.

If eligible, I request to be registered on the Fort Nelson First Nation Membership in accordance with the 2004 Membership Code.

APPLICANT'S SIGNATURE

DATE (YYYYMMDD)
OFFICE USE ONLY:

Received Date: ____ / ____ / ____ Council Reviewed: ____ / ____ / ____ Public Reviewed: ____ / ____ / ____