



**Whitefish Lake First Nation # 459**  
**General Delivery**  
**Atikameg, AB**  
**TOG 0C0**  
**Phone # 1-866 900-0378**  
**Fax: (780) 767-3913**

**APPLICATION FOR MEMBERSHIP IN THE WHITEFISH LAKE FIRST NATION**

**\*PLEASE PRINT\***

**A. 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. APPLICANTS 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

TR#

BAND#

\_\_\_\_\_

SURNAME OF PATERNAL GRANDMOTHER

GIVEN NAMES

TR#

BAND#

\_\_\_\_\_

SURNAME OF MATERNAL GRANDFATHER

GIVEN NAMES

TR#

BAND#

\_\_\_\_\_

SURNAME OF MATERNAL GRANDMOTHER

GIVEN NAMES

TR#

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 GRANDPARENTS                      C) BAND HOUSING

D) OTHER (PLEASE EXPLAIN)

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**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 THE 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 OR;**

**B. IF THE BAND DOES NOT HAVE CONTROL OF THE MEMBERSHIP LIST,  
A LETTER FROM THE DEPARTMENT OF INDIAN AFFAIRS CERTIFYING  
THAT THEY ARE MEMBER OF THE BAND.**

**C. A COMPLETE COPY OF THE ATTACHED SPONSORS SUPPPORT 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 APPLICANTS

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, AS THE CASE MAYBE.

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

TOG 0C0

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 APPLICATION: 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 \_\_\_\_\_