



APPLICATION FOR BAND MEMBERSHIP – SKOWKALE INDIAN BAND

All information will be kept strictly confidential when completed by Applicant.

APPLICANT INFORMATION	
Full Name:	
Present Address:	
Birthdate:	Phone:
Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Spouse:
Have you renounced your membership from your present band? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, a supporting document is required)	
What category are you registered under?	
Would you like to transfer from your present registry group? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mother's Name:	
Mother's Birthdate:	Band:
Father's Name:	
Father's Birthdate:	Band:
Reason for eligibility:	
Signature of Applicant/Guardian	Date

CONSENT TO RELEASE INFORMATION	
I hereby give authorization to the Enrolment Officer to release my current mailing address and any other pertinent ancestral background information to the Skowkale Indian Band.	
Signature of Applicant/Guardian	Date

FOR OFFICE USE ONLY	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pursuant to Section:
Disapproved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Enrolment Officer	Date

Note: Supporting documents to information provided by the applicant must be submitted with application. i.e. Large Form Birth Certificate (listing parents), Registration Letter, Statutory Declarations, Renouncement of Membership.