

*Effective June 18-21*

**APPENDIX A  
APPLICATION FOR MEMBERSHIP**

**ASHCROFT INDIAN BAND MEMBERSHIP CODE**

**Eligibility for Membership**

In accordance with section 3.10 of the Membership Code, a person who is a Status Indian is entitled to be a Member of the Band, if he or she has at least one biological parent who is both:

- (a) a Status Indian; and
- (b) a Band Member.

**Submitting the Application**

Applications for Membership are to be submitted to the Membership Coordinator, at the Administration Office of the Band, 414 Cornwall Road, PO Box 440, Ashcroft, BC V0K 1A0, phone 250-453-9154.

This Application for Membership with all original supporting legal documents should either be hand delivered to the Band or forwarded by registered mail. The Band will make copies of the original legal documents and return the originals to you, upon request.

An Application for Membership on behalf of a person less than 18 years old may be completed and signed by the parent or legal guardian.

Please submit a separate Application for each of your children under the age of 18 years who may be entitled to Membership.

**Response by the Band**

Please give the Band 60 days to investigate this Application, and respond to you. The Band may require further documents or information.

Effective June 18-21

**The Application**

Date \_\_\_\_\_, 20\_\_\_\_

Person applying for membership in the Band (the "Applicant"):

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Copy of Indian Status card attached: \_\_\_\_\_  
 Member of a Band/First Nation-which one: \_\_\_\_\_  
 Proof of Band/First Nation membership: \_\_\_\_\_  
 Birth certificate attached: \_\_\_\_\_  
 Any previous loss of membership in the Band: \_\_\_\_\_  
 Date of any previous Application for Membership: \_\_\_\_\_

Mother of the Applicant:

Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Circle one: Biological Mother    Adoptive Mother    Step Mother  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
 Copy of Indian Status card attached: \_\_\_\_\_  
 Member of a Band/First Nation-which one: \_\_\_\_\_  
 Proof of Band/First Nation membership attached: \_\_\_\_\_  
 Birth certificate attached: \_\_\_\_\_  
 Death certificate attached: \_\_\_\_\_  
 Proof that this is the mother of the Applicant: \_\_\_\_\_  
 Any previous loss of membership in the Band: \_\_\_\_\_

Married to: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_  
 Marriage certificate attached: \_\_\_\_\_  
 Date of divorce: \_\_\_\_\_ Place of divorce: \_\_\_\_\_  
 Court order for divorce attached: \_\_\_\_\_

Is the Mother a female Non-Indian, whose name was added to the Indian Register prior to April 17, 1985 upon her marrying a Status Indian [circle one]    yes    no

Effective June 18-21

Father of the Applicant:

Name: \_\_\_\_\_

Circle one: Biological Father      Adoptive Father      Step Father

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Copy of Indian Status card attached: \_\_\_\_\_

Member of a Band/First Nation-which one: \_\_\_\_\_

Proof of Band/First Nation membership attached: \_\_\_\_\_

Birth certificate attached: \_\_\_\_\_

Death certificate attached: \_\_\_\_\_

Proof that this is the father of the Applicant: \_\_\_\_\_

Any previous loss of membership in the Band: \_\_\_\_\_

Married to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Marriage certificate attached: \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Place of divorce: \_\_\_\_\_

Court order for divorce attached: \_\_\_\_\_

Effective June 18-21

Other Members of the Applicant's Family Who Have Indian Status:

Name: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
 Copy of Indian Status card attached: \_\_\_\_\_  
 Member of a Band/First Nation-which one: \_\_\_\_\_  
 Proof of Band/First Nation membership attached: \_\_\_\_\_  
 Birth certificate attached: \_\_\_\_\_  
 Death certificate attached: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
 Copy of Indian Status card attached: \_\_\_\_\_  
 Member of a Band/First Nation-which one: \_\_\_\_\_  
 Proof of Band/First Nation membership attached: \_\_\_\_\_  
 Birth certificate attached: \_\_\_\_\_  
 Death certificate attached: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
 Copy of Indian Status card attached: \_\_\_\_\_  
 Member of a Band/First Nation-which one: \_\_\_\_\_  
 Proof of Band/First Nation membership attached: \_\_\_\_\_  
 Birth certificate attached: \_\_\_\_\_  
 Death certificate attached: \_\_\_\_\_

(Complete and submit additional copies of this page, if required)

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**Signing the Application:**

The Membership Code in section 7.1 provides that the name of a person will be removed from the Membership List if the name was entered on the Membership List on the basis of either:

- (i) a material error in the facts on which his or her entitlement to membership was based; or
- (ii) any false or misleading statements made by that person on the Application for Membership.

The person signing this Application verifies that all the information set out above and all the documents attached to this Application are true and correct.

Sign only once in the correct box below.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Signature of Applicant</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Signature of Parent or Legal Guardian for Applicant Less than 18 years old</p>
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