



BAND TRANSFER APPLICATION FORM

I am applying to transfer from _____ Tribe

to _____ Tribe

Name _____ Blood Quantum: _____

Age _____ Birthdate: _____ / _____ / _____ Sex: _____

Birthplace: _____

Address: _____ Phone: _____

Maiden Name (if applicable): _____

Tribe and Membership Number (where applicable) _____

Name of Spouse: _____ Age: _____

Birthdate: _____ / _____ / _____ Blood Quantum: _____

Father's Name _____ Blood Quantum _____

Father's Tribe _____ Membership #: _____

Mother's Name: _____ Blood Quantum _____

Mother's Tribe: _____ Membership #: _____

Maternal Grandparent's Names: _____ Blood Quantum _____

Tribe and Membership (if any): _____

Paternal Grandparent's Names _____ Blood Quantum _____

Tribe and Membership (if any): _____

Number of Dependent Children (if any): _____

If your application for Membership is accepted by Siksika Nation, are you prepared to renounce your membership in the Tribe which you presently hold? Yes _____ No _____

DECLARATION

I, the undersigned, hereby swear that the information contained in this application is true and correct and that I have not omitted any pertinent information required for this application.

Signature: _____ Date: ____ / ____ / ____

Witness: _____

Address: _____ **Phone No:** () _____

AUTHORIZATION

I, the undersigned, hereby authorize the Registrar of the Siksika Nation to verify all the information contained in this application.

Signature: _____ Date: ____ / ____ / ____

Witness: _____

Reasons for this application. (Please include brief assessment of your knowledge and history of the Tribe.

FOR OFFICE USE ONLY

Date of Payment: _____ Blood Quantum allotted: _____

Date Approved by Tribunal: _____