



MEMBERSHIP APPLICATION FORM (ADULT)

I am hereby applying for Membership in the Siksika Nation.

Name: _____ Age _____

Birthdate: ____ / ____ / ____ Birthplace _____ Sex _____

Phone Number: _____ Address: _____

Blood Quantum: _____ Maiden Name (if any) _____

Father's Name _____ Blood Quantum: _____

Father's Nation: _____ Membership #: _____

Mother's Name _____ Blood Quantum: _____

Mother's Nation _____ Membership # _____

Maternal Grandparents Names: _____

Blood Quantum: _____

Tribe and Membership (if any) _____

Paternal Grandparents Names: _____

Blood Quantum: _____

Tribe and Membership (if any) _____

Marital Status

Single Married Widower Divorced Separated Common Law

Number of Dependent Children (if any) _____

Do you have tribal membership in another Tribe? Yes No

If yes, which Tribe? _____

What is your Membership Number _____

Do you speak and understand the language? Yes No

Required documents to be attached. Check Yes or No

Birth certificate (Framing Sized Only): Yes No

Proof of Paternity (Statutory Declaration): Yes No

Marriage Certificate: 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: _____

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: _____