Gander Bay Indian Band Council
General Delivery
Gander Bay, NL
A0G 2G0
Telephone: (709) 676-2188

Application for Membership:

Part A: Personal Information

Application for (check one): Full membership: _____
Associate Membership: _____

Applicants full name: _____

Maiden name (if applicable): _____

Date of Birth: _____/_____/_____
Day Month Year

Place of Birth: _____

Full Mailing Address _____

_____

_____

Phone Number: _____

Part B: Spousal Information

Spouse's name: _____

Maiden name (if applicable): _____

Date and place of birth: _____

_____

Date and place of marriage: _____

_____

Is spouse a member? _____

Part C: Children

Full Name	Date of Birth	Place of Birth	Residence