

PORT AU PORT INDIAN BAND

P. O. Box 520

Port au Port , NL. A0N 1T0

BAND MEMBERSHIP APPLICATION

Full Name: _____

Mailing Address: _____

Home Address: (If different from above) _____

E-mail Address: _____

Telephone Number: _____ Social Insurance Number: _____

Date of Birth: _____ Location of Birth: _____

Education Level: _____

Work Experience: _____

Where Does Your Ancestry Come From? _____

Immediate Family Members in this Band: _____

Signature: _____ Date of Application: _____

All applications must be accompanied by documentation to support your claim to be of Mi'kmaq descent.

PLEASE NOTE THAT ALL APPLICATIONS WILL BE KEPT CONFIDENTIAL