

St. Georges Indian Band Council
P.O. Box 262
St. George's, NL
A0N 1Z0

Membership Form:

Name of Local: _____

Family Name: _____

Given Name: _____

Sex: Male: _____ Female: _____

Date of Birth: _____

Address: _____

Are you applying for: Full Membership: _____
Associate Membership: _____
Junior Membership: _____

Where does your Indian Ancestry come from? Mother _____
Father _____
Both _____

We would like to know who is or was Indian in your family. (It is important when defining the genealogy of your family to indicate by and X in the appropriate place, the person who is or was Indian)

If it is on your Mother's side is it:

Name	Indian Person	Place of Birth
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Your Mother _____

Your Grandmother _____

Your Grandfather _____

If it is on your Father's side is it:

Name	Indian Person	Place of Birth
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Your Father _____

Your Grandmother _____

Your Grandfather _____

Names and dates of birth of children:

	Name	Male/Female	Date of Birth
1	_____		
2	_____		
3	_____		
4	_____		
5	_____		