



INDIAN HEAD FIRST NATIONS
 P.O. Box 673
 Stephenville Crossing, NL
 A0N 2C0



BAND MEMBERSHIP APPLICATION

Full Name: _____
Surname Given Names

If married female
 give maiden name

Mailing Address: _____

Telephone NO: _____

Date of Birth: Month _____ Day _____ Year _____

Location of Birth _____

Education Level:

Highest Grade Achieved: _____

Do you have any blood relative in the Band. Yes _____ No. _____

Name: _____ Relationship _____

Address: _____

Phone Number: _____ Email. _____

Do you belong to any other Aboriginal group? Yes _____ No: _____

If yes, which one? _____

Please note that all applications will be kept confidential.

No application to be accepted unless fully completed and accompanied
with documentation proving connection to the aboriginal community.

(Please state and prove to whom you are connected)

**** PLEASE COMPLETE ALL PARTS OF THE APPLICATION.**

Family Members and: Husband _____
 Their Date of Birth _____
Wife (maiden name) _____

CHILDREN (Name and Birthday)

Please fill out the table completely.

	DOB		DOB
Father		Mother	
Grandfather		Grandfather	
Grandmother		Grandmother	
G-Grandfather		G-Grandfather	
G-Grandmother		G-Grandmother	
GG Grandfather		GG Grandfather	
GG-Grandmother		GG-Grandmother	

Please Note: There will be no exceptions to the following:

1. Married female applicants must provide a copy of their marriage certificate.
2. All applicants must provide Birth Certificates or Baptismal Certificates that list their parents.
3. Please provide a stamped self-addressed envelope so we can return your paperwork if there is a problem.
4. All applicants must provide proof of Newfoundland residency.
5. All applicants must provide complete documentation with their request.
6. All applicants must submit a completed application form with their request.

I do declare that the information that I have provided is true and do understand that any false information that may be used on my application is cause for refusal of membership, or in the case of a member, rejection from the band.

Signature: _____ Date: _____