



## MEMBERSHIP APPLICATION FORM FOR A MINOR CHILD

(17 Years of age and under)

On behalf of this minor child, I am applying for Membership for the child in the Siksika Nation.

Name of Minor Child: \_\_\_\_\_

Age of Minor Child: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Present Address: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_ Natural: \_\_\_\_\_ Adopted: \_\_\_\_\_

Does the child speak or understand the language? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person making application on behalf of the Minor Child: \_\_\_\_\_

Relationship to Minor Child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Father's Nation: \_\_\_\_\_ Membership #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Mother's Nation: \_\_\_\_\_ Membership #: \_\_\_\_\_

Maternal Grandparents' Names: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Nation and Membership Number (if any): \_\_\_\_\_

Paternal Grandparents' Names: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Nation and Membership Number (if any): \_\_\_\_\_

Does Applicant have Guardianship over the Minor Child? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, who has Guardianship over the Minor Child:?

Name: \_\_\_\_\_

Relationship to the Minor Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Required documents to be attached. Check Yes, no or N.A.:

Birth Certificate (Framing Sized Only):..... Yes  No  N.A.

Adoption Papers (if required):..... Yes  No  N.A.

Guardianship Papers (if required): ..... Yes  No  N.A.

**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: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone No.: ( \_\_\_\_ ) \_\_\_\_\_

**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 the application. (Please include brief assessment of the Minor Child's knowledge of the Nation's history and culture):

\_\_\_\_\_  
\_\_\_\_\_

Siksika Membership Services  
Application for Siksika Membership

**NOTICE TO APPLICANTS:** The information you provide on the Application will be assessed and determined by the Registration Officer/Membership Tribunal if you qualify for Membership. Personal information that is provided is protected under the provision of the Privacy Act. Any information that is obtained is in strict confidence. All record, files and application(s) are kept by the Siksika Membership Department.

**FOR OFFICE USE ONLY**

Date of Payment: \_\_\_\_\_  
Blood Quantum allotted: \_\_\_\_\_

Date Approved by Tribunal: \_\_\_\_\_