



# SIKSIKA NATION TRIBAL ADMINISTRATION

## MEMBERSHIP APPLICATION CHECKLIST

- ORIGINAL BIRTH CERTIFICATE** – Certificate must have both parents’ names (NOTE: if one of the parents is absent from the Birth Certificate, please provide an explanation within section 6. REASONS FOR APPLICATION on the Membership Application)
  
- COPY OF VALID PHOTO IDENTIFICATION** (Parent’s if applying for a child)
  - Any of **one** of the following:
  - Driver’s license
  - Provincial I.D
  - Passport
  - Indian Status Card
  
- APPLICATION FORMS**
  - MEMBERSHIP APPLICATION
  - REGISTRATION ON THE INDIAN REGISTER (IF APPLYING FOR INDIAN REGISTRATION)
  
- CUSTODY DOCUMENTS** (IF APPLICABLE)
  
- BAND TRANSFER REQUEST FORM** (IF APPLICABLE)
  
- \$10 APPLICATION FEE**
  - CASH OR ETRANSFER (MEMBERSHIPAYMENTS@SIKSIKANATION.COM)





# SIKSIKA NATION TRIBAL ADMINISTRATION

## SIKSIKA MEMBERSHIP APPLICATION FORM

### PLEASE CHECK ONE OF THE FOLLOWING:

MINOR CHILD:

ADULT:

BAND TRANSFER:

CORRECTION/UPDATE:

**IF MINOR CHILD (17 YEARS AND UNDER)**

**ON BEHALF OF THIS MINOR CHILD, I AM APPLYING FOR MEMBERSHIP FOR THE CHILD IN THE SIKSIKA NATION.**

**REASON FOR CORRECTION/UPDATE: (If applicable)** \_\_\_\_\_

### 1. BAND MEMBERSHIP APPLICANT INFORMATION:

LAST NAME: \_\_\_\_\_

GIVEN NAME(S): \_\_\_\_\_

DATE OF BIRTH: YEAR: \_\_\_\_\_ MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street

City

Province/State

Postal/Zip Code

SEX: Male:

Female:

MARITAL STATUS:

SINGLE:

MARRIED:

WIDOW:

DIVORCED:

SEPERATED:

COMMON LAW:

PREVIOUS BAND (IF TRANSFERRING): \_\_\_\_\_

PREVIOUS BAND # (IF TRANSFERRING): \_\_\_\_\_

DO YOU SPEAK AND UNDERSTAND THE SIKSIKA LANGUAGE? YES NO

NUMBER OF DEPENDENT CHILDREN: \_\_\_\_\_

### 2. APPLICANT INFORMATION ON BEHALF OF CHILD (IF APPLICABLE):

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street

City

Province/State

Postal/Zip Code

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO MINOR CHILD: \_\_\_\_\_



**3. PARENTAL & ANCESTRAL INFORMATION:**

Father’s Name: \_\_\_\_\_ Blood Quantum \_\_\_\_\_  
 Father’s Nation: \_\_\_\_\_ Membership #: \_\_\_\_\_  
 Paternal Grandfather: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_  
 Paternal Grandmother: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Mother’s Full Name(including maiden name): \_\_\_\_\_  
 Blood Quantum: \_\_\_\_\_  
 Mother’s Nation: \_\_\_\_\_ Membership #: \_\_\_\_\_  
 Maternal Grandfather: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_  
 Maternal Grandmother: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**4. GUARDIANSHIP:**

Does Applicant have guardianship over the Minor Child?      Yes                  No  
 If no, who has Guardianship over the Minor Child?  
 Full Name: \_\_\_\_\_  
 Relationship to the Minor Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**5. REQUIRED DOCUMENTS:**

Original Birth Certificate (No copies, Must have parentage).....	YES	NO	N.A
Valid Government-issued ID.....	YES	NO	N.A
Parents’ Status Card copies .....	YES	NO	N.A
Marriage Certificate (if name changed).....	YES	NO	N.A
Adoption Papers (if required).....	YES	NO	N.A
Legal Guardianship Documents (If applicable).....	YES	NO	N.A
Adoption Papers (if applicable).....	YES	NO	N.A
Affidavits (if required for specific circumstances).....	YES	NO	N.A







**7. APPLICATION FEE: \$10.00**

**PAYMENT METHOD: CASH E-TRANSFER (Payments@siksikanation.com)**

**8. DECLARATION & AUTHORIZATION**

I, the undersigned, hereby swear that the information contained in this application is true and correct, and I have not omitted any pertinent information required for this application. I hereby authorize the Registrar of the Siksika Nation (The Siksika Nation Membership Department) to verify all the information contained in this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**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.

The Siksika Membership Department keeps all records, files, and applications.

---

**FOR OFFICE USE ONLY**

Date of Payment: \_\_\_\_\_

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

Date of Tribunal Approval: \_\_\_\_\_



**WE MUST HAVE ORIGINAL BIRTH CERTIFICATE;**  
**APPLICATION FEE;**  
**OTHERWISE,**  
**YOUR APPLICATION WILL NOT BE ACCEPTED.**

**YOU CAN EITHER DROP OFF ORIGINAL BIRTH CERTIFICATE AND  
MAKE PAYMENT AT OUR OFFICE OR MAIL DOCUMENTS  
TO:**

**Siksika Membership  
P.O Box 1219  
Siksika, AB  
T0J3W0**

**ETRANSFER:**

**[MEMBERSHIPAYMENTS@SIKSIKANATION.COM](mailto:MEMBERSHIPAYMENTS@SIKSIKANATION.COM)**



# BAND TRANSFER REQUEST

## STATEMENT OF CONSENT

DATE OF REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

INDIAN REGISTRATION NUMBER: \_\_\_\_\_

THIS IS TO CONFIRM THAT I/MY/OUR CHILD: \_\_\_\_\_

HAVE BEEN ACCEPTED AS A MEMBER OF THE \_\_\_\_\_ BAND

PLEASE REMOVE MY/HIS/HER NAME FROM THE \_\_\_\_\_ BAND

LIST/REGISTRY GROUP AND ADD MY/HIS/HER NAME TO THE: \_\_\_\_\_

BAND LIST/REGISTRY GROUP.

SIGNATURE OF TRANSFEREE

SIGNATURE OF WITNESS

\_\_\_\_\_

\_\_\_\_\_

\*IN CASE OF A MINOR, BOTH PARENTS MUST SIGN THE REQUEST FOR TRANSFER.

NAME OF CHILDREN:

REGISTRY NO.

DATE OF BIRTH

NAME OF CHILDREN:	REGISTRY NO.	DATE OF BIRTH

SIGNATURE OF MOTHER:

SIGNATURE OF WITNESS

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF FATHER:

SIGNATURE OF WITNESS

\_\_\_\_\_

\_\_\_\_\_





# SIKSIKA NATION TRIBAL ADMINISTRATION

## **AUTHORIZATION FOR RETURN OF ORIGINAL BIRTH CERTIFICATE**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, would like the Siksika Membership Department to return my Original Birth Certificate that I submitted with my membership application for an Adult or a Minor (17 years of age and under).

APPLICANT FULL NAME: \_\_\_\_\_

CHILD APPLICANT FULL NAME: \_\_\_\_\_

### **THE RETURN ADDRESS:**

STREET (P.O BOX): \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Thank you,

X \_\_\_\_\_

Applicant Signature (16 years and Younger, Guardian Signature)

**\*PLEASE NOTE THE ADDRESS YOU PROVIDE WILL BE THE RESPONSIBILITY OF THE APPLICANT\***