



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 (MEMBERSHIPPAYMENTS@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 #: _____

Father's Date of Birth: _____

Paternal Grandfather: _____ Blood Quantum: _____

Paternal Grandmother: _____ Blood Quantum: _____

Mother's Full Name(including maiden name): _____ Blood Quantum: _____

Mother's Nation: _____ Membership #: _____

Mother's Date of Birth: _____

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

6. REASONS FOR APPLICATION:

(Please explain why you are seeking Siksika Band Membership, your family history, who your parents are, grandparents, etc. Your knowledge of the Siksika Culture and History. Or why the child is in your care. Any information would be helpful for Membership Tribunal and Chief and Council approvals.)





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:

MEMBERSHIPPAYMENTS@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

SIGNATURE OF MOTHER:

SIGNATURE OF WITNESS

SIGNATURE OF FATHER:

SIGNATURE OF WITNESS





SIKSIIKA 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