

Port au Port Indian Band

Band Membership Application

Applicant Information

Full Name: Text Birth Date: _____
Last First M.I.

Address: Text _____
Street Address Text Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email _____

Band Affiliation

Are you a member of Qalipu? YES NO If yes, what is your status # _____
Ward? _____

Are you a member of another community band? YES NO If yes, where? _____

Where does your Ancestry come from? _____

Do you have immediate family members in the band? If so, who? (use additional sheets if necessary)

Full Name: _____ Relationship: _____

Birthdate: _____ Band: _____

Full Name: _____ Relationship: _____

Birthdate: _____ Band: _____

Full Name: _____ Relationship: _____

Birthdate: _____ Band: _____

Education & Work Experience

Education Level : _____ Occupation: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____