

# Port au Port Indian Band

## Band Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address 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: \_\_\_\_\_

All applications must be accompanied by documentation to support claim of Mi'kmaq descent.