



# Application for Taku River Tlingit First Nation Membership



The purpose of this application is to assist the Enrolment Officer in determining Membership eligibility for the Taku River Tlingit First Nation Membership. An eligibility criterion is determined by the TRTFN Membership code that is attached to this application.

Please complete this application and lineage chart in full. All incomplete application forms or lineage charts will be returned to the sender for completion.

If you have any questions with respect to this application, please contact the TRTFN Enrolment Officer at (250) 651-7900 and he/she will be happy to assist you.

Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Other Names used: \_\_\_\_\_ / \_\_\_\_\_  
(examples: Maiden Name, Legal Name Change, etc) (First Nation's Name)

### **Contact Information:**

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (Prov.) (Postal Code)

Telephone No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cellular/Mobile) (Fax)

E-mail address: \_\_\_\_\_ Website address: \_\_\_\_\_

**Personal Information:** Gender: Male  Female  Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(m) (d) (y)

Social Insurance No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Status No.: \_\_\_\_\_

**Clan Information:** Clan: Wolf  Crow  Clan House: \_\_\_\_\_

### **Other Information:**

Are you a member of any other First Nation: No  Yes  Name of First Nation: \_\_\_\_\_

Are you a beneficiary of the above First Nation: No  Yes

Do you receive any benefits from the above First Nation? If yes, please list: \_\_\_\_\_

### **If you are completing this application for someone other than yourself, please complete the following information.**

Name of person completing application: \_\_\_\_\_

Relation to applicant: Mother  Father  Legal Guardian  Adoptee Parent  Other: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (Prov.) (Postal Code)

Telephone No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cellular/Mobile) (Fax)

E-mail address: \_\_\_\_\_ Website address: \_\_\_\_\_

**Please provide the following documentation with this application:**

- Photocopy of Birth Certificate – Front and back.
- Photocopy of any legal documents (ex. Legal name change, adoption papers, custody agreements, marriage certificate, etc.)
- Photocopy of Status Card (only in the case of DIA Status Indian)

**Statement of Disclosure**

I \_\_\_\_\_ hereby agree that the above information is correct. I agree to disclose to the First Nation any additional information that may affect this application at the time of change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once complete, please mail original application to:

Taku River Tlingit First Nation  
Attn: Enrolment Officer  
Box 132  
Atlin Bc V0W 1A0

Office use only – do not complete

Date received \_\_\_\_\_

Enrolment Officer

Approved  Denied  Referred to Membership Commission  date: \_\_\_\_\_

Member Status: House  Associate  Residency  Clan House: \_\_\_\_\_

Enrolment Officer Signature \_\_\_\_\_

Membership Commission

Approved  Denied

Member Status: House  Associate  Residency  Clan House: \_\_\_\_\_

Notes:

Membership Commission signatures \_\_\_\_\_

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