

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:	/		/
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)	/	/ (Prov.)	(Postal Code)
		/	
Telephone No.: (Home)	/(Work)	/ (Cellular/Mobile)	(Fax)
E mail addrage:	We	ahaita addrass:	
E-man address.	W 6	iosite address.	
Personal Information: Gen	nder: Male 🔲 Female 🗌	Age:	Birthdate: ${(m)} {(d)} {(y)}$
<u>-</u>		<u> </u>	$\overline{\text{(m)}}$ $\overline{\text{(d)}}$ $\overline{\text{(y)}}$
Social Insurance No.:	- Statu	s No.:	
Clan Information: Clan:	Wolf Crow Clan	House:	
Othau Information.			
Other Information:			
Are you a member of any other	r First Nation: No Yes	Name of First Nation:	
Are you a beneficiary of the ab	oove First Nation: No \(\square\) Yes		
Do vou racaiva any hanafita fr	om the above First Nation? If y	os plansa list:	
bo you receive any benefits in		es, piease list	
If you are completing this ap	plication for someone other th	ian yourself, please compl	ete the following information.
	_		_
Name of person completing ap	plication:		
Polotion to applicant: Mother	☐ Father ☐ Legal Guardian	Adopted Daront Oct	nor:
Relation to applicant. Mother	rather Legar Guardian	Adoptee Parent Ott	iei
Address:	/	/	/
Address: (Street)	/	(Prov.)	(Postal Code)
Telephone No.:	/	/	/
Telephone No.: (Home)	(Work)	(Cellular/Mobile)	(Fax)
E-mail address:	We	ebsite 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

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 Ho	ouse:
Enrolment Offic	eer Signature
Membership Commission	
Approved Denied Denied	
Member Status: House ☐ Associate ☐ Residency ☐ Clan Ho	ouse:
Notes:	
Membership Commission signatures	