



Sucker Creek First Nation

P.O. Box 65 Enilda, Alberta T0G 0W0

Telephone: (780)523-4426 Fax :(780)523-3111

SUCKER CREEK INDIAN BAND 150(A) – PURSUANT TO REGULATIONS

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Legal Name of Applicant:

Date of Birth:	Band / Treaty Number:	
Current Address:		
City:	Province:	Postal Code:
Phone:	Mobile:	Email:
Previous address:		

Full Legal Name of Spouse:

Date of Birth:	Band / Treaty Number:
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APPLICANTS PARENT(S) INFORMATION

Full Legal Name of Mother:

Date of Birth:	Band / Treaty Number:	
Phone:	Mobile:	Email

Full Legal Name of Father:

Date of Birth	Band / Treaty Number:	
Phone:	Mobile:	Email

Known Full Name of Paternal Grandmother:**Known Full Name of Paternal Grandfather:****Known Full Name of Maternal Grandmother:****Known Full Name of Maternal Grandfather:**

DOCUMENT SUBMISSIONS CHECKLIST

True Copy of Birth Certificate	(Please circle)	Yes	No
True Copy of Treaty/Status Card	(Please circle)	Yes	No
Application Processing Fee Attached (\$50.00)	(Please circle)	Yes	No

I authorize Sucker Creek Indian Band (150A) to verify the information provided on this form. Yes No

Note: If a paternity test is required. There will be a 50/50 cost share for DNA tests results based on receipts and positive test results for Band Members

Signature of Applicant:	Date:
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FOR OFFICE USE – DO NOT USE THIS AREA

Date of Receipt:	Staff Signature:
Date of Record:	Membership Clerk Signature:
Application Incomplete – Returned to Applicant	Date/Initial:
Application Complete – Review Initiated	Date/Initial:
Application Complies with Regulations and is "APPROVED"	Date/Initial:
Application Ratified Pursuant to Regulation with Chief & Council	Date/Initial:
Application is Non-Compliant and is "NOT APPROVED"	Date/Initial:
Application outcome notification sent to Applicant.	Date/Initial: