



# 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

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

<b>Signature of Applicant:</b>	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:



## **“True Copies are Needed in Our Membership Application for Your Treaty Card & Long Form Birth Certificate”**

### **Here is a List of Who Can Declare a True Copy:**

- Indian Registrar or an Indian Registry Administrator
- Elected Chief or Councillor of the applicant's or child/dependent adult's band
- Dentist, medical doctor, optometrist, pharmacist or chiropractor
- Judge, magistrate or police officer (reserve, municipal, provincial, territorial or RCMP)
- Lawyer
- Mayor
- Minister of a religion authorized under a provincial or territorial law to perform marriages
- Notary public
- Postmaster/Postmistress
- Principal of a primary or secondary school
- Professional accountant
- Professional engineer
- Senior administrator or teacher in a community college or university
- Registered social worker
- Veterinarian



## Sucker Creek First Nation

P.O. Box 65, Enilda, AB T0G 0W0  
Tel (780) 523-4426: Fax: 780-523-311

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### ACCESS TO INFORMATION

This is a release form that authorizes Lesser Slave Lake Regional Council to release to the Sucker Creek First Nation your Indian Status and Registration Date.

The release form will contain your Full Name, Date of Birth, Indian Registration Number, Date of Registration, and which section of the Indian Act you are registered under.

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I, \_\_\_\_\_ Treaty Number: \_\_\_\_\_

Do hereby consent and authorize the Lesser Slave Lake Indian Regional Council to release personal information held on file by the Lesser Slave Lake Indian Regional Council on behalf of Indian and Northern Affairs Canada (INAC) pertaining to the registration of my/our minor child:

Name: \_\_\_\_\_ Treaty Number: \_\_\_\_\_

With reference to Indian Status to the Sucker Creek First Nation.

Signed: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Dated at \_\_\_\_\_, Alberta this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_  
Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_