



Sagamok Anishnawbek

P.O. Box 610
Massey, Ontario
P0P-1P0

Telephone (705) 865-2421
Fax (705) 865-3307

Membership Application Fee

Membership Application Fee of \$75.00 shall be made by Certified Cheque or Money Order. Application will not be considered until full payment has been finalized as specified above and completely filled out.

All fees are subject to change without notice. In the event of changes, every effort shall be made of notification however: lack of notification does not absolve the applicant from paying the appropriate fee.

Should you have any questions or concerns please call the Indian Registration Administrator at (705) 865-2421 or 1-800-567-2896.

Miigwetch,

Sagamok Anishnawbek Membership Authority

cc. Mitzi Toulouse
Indian Registration Administrator
Chief & Council

Date of Revision of Fee Schedule October 21, 2005



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Sagamok Anishnawbek Membership Application	
Part A: Applicant Information	
Name:	
Date of Birth:	
Place of Birth:	
Address:	
Telephone:	
Registration Number (Band Number):	
Are you a Member of an Indian Band? Yes _____ No _____	
Name of Band:	
Were you an Adopted Child?	
Details – Year of Adoption, circumstances of Adoption	
<p><u>Note:</u> If you are accepted in to the General Membership of Sagamok Anishnawbek, you will be required to resign membership in any other Band.</p>	
Part B: Your Family Information	
Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widow/er _____	
Spouse's Name:	
Address:	
Telephone:	
Date of Birth:	
Is your Spouse a Registered Status Indian? Yes _____ No _____	
Registration Number (Band Number):	
Is your Spouse a Member of an Indian Band? Yes _____ No _____	
Name of Band:	
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Part C: Dependent Information

Please provide the following information for each child or other dependents residing within your care.

Name:

Date of Birth:

Place of Birth:

Sex: Male _____ Female _____

Relationship to you:

Status Indian: Yes _____ No _____

Registration Number (Band Number):

Member of an Indian Band: Yes _____ No _____

Name of Band:

Are you applying for Membership on behalf of this child? Yes _____ No _____

Note: Separate Application Forms are required for each child.

Part D: Parent Information

About Your Mother

Name:

Date of Birth:

Place of Birth:

Address:

Telephone:

Is your Mother a Member of the Sagamok Anishnawbek? Yes _____ No _____

Registration Number (Band Number):

Is your Mother deceased? Yes _____ No _____

Date of Death:

Place of Death:

Was your Mother a Member of the Sagamok Anishnawbek First Nation?
Yes _____ No _____

Was your Mother entitled to Registration as a Status Indian prior to her death?
Yes _____ No _____

<i>About Your Father</i>	
Name:	
Date of Birth:	
Place of Birth:	
Address:	
Telephone:	
Is your Father a Member of the Sagamok Anishnawbek? Yes _____ No _____	
Registration Number (Band Number):	
Is your Father deceased? Yes _____ No _____	
Date of Death:	
Place of Death:	
Was your Father a Member of the Sagamok Anishnawbek First Nation? Yes _____ No _____	
Was your Father entitled to Registration as a Status Indian prior to his death? Yes _____ No _____	
Part E: Grandparents Information	
<i>Maternal Grandmother</i>	
Name:	
Date of Birth:	
Place of Birth:	
Address:	
Telephone:	
Is your Grandmother a Member of the Sagamok Anishnawbek? Yes _____ No _____	
Registration Number (Band Number):	
Is your Grandmother deceased? Yes _____ No _____	
Date of Death:	
Place of Death:	
Was your Grandmother a Member of the Sagamok Anishnawbek First Nation? Yes _____ No _____	
Was your Grandmother entitled to Registration as a Status Indian prior to her death? Yes _____ No _____	
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<i>Maternal Grandfather</i>	
Name:	
Date of Birth:	
Place of Birth:	
Address:	
Telephone:	
Is your Grandfather a Member of the Sagamok Anishnawbek? Yes ____ No ____	
Registration Number (Band Number):	
Is your Grandfather deceased? Yes ____ No ____	
Date of Death:	
Place of Death:	
Was your Grandfather a Member of the Sagamok Anishnawbek First Nation? Yes ____ No ____	
Was your Grandfather entitled to Registration as a Status Indian prior to his death? Yes ____ No ____	
<i>Paternal Grandmother</i>	
Name:	
Date of Birth:	
Place of Birth:	
Address:	
Telephone:	
Is your Grandmother a Member of the Sagamok Anishnawbek? Yes ____ No ____	
Registration Number (Band Number):	
Is your Grandmother deceased? Yes ____ No ____	
Date of Death:	
Place of Death:	
Was your Grandmother a Member of the Sagamok Anishnawbek First Nation? Yes ____ No ____	
Was your Grandmother entitled to Registration as a Status Indian prior to her death? Yes ____ No ____	
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Paternal Grandfather

Name: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Telephone: _____

Is your Grandfather a Member of the Sagamok Anishnawbek? Yes ____ No ____

Registration Number (Band Number): _____

Is your Grandfather deceased? Yes ____ No ____

Date of Death: _____

Place of Death: _____

Was your Grandfather a Member of the Sagamok Anishnawbek First Nation?
Yes ____ No ____

Was your Grandfather entitled to Registration as a Status Indian prior to his death?
Yes ____ No ____

Part F: Other Information

Have you ever resided in the Sagamok Anishnawbek First Nation?
Yes ____ No ____ From ____ To ____

If you are Granted Membership, will you reside in the Sagamok Anishnawbek First Nation?
Yes ____ No ____

How many Family Members? _____

What year do you anticipate in moving to the Sagamok Anishnawbek First Nation? _____

Do you speak Ojibway? Yes ____ No ____

What services will you require?

Housing _____ Education: Elementary _____

Social Services _____ Secondary _____

Medical _____ Post Secondary _____

Daycare _____

Mail the Completed Application and Payment to:

The Membership Authority
Sagamok Anishnawbek First Nation
P.O. Box 610
MASSEY, Ontario
POP – 1P0

Fees and Payment: Please note that fees are subject to change. To Obtain current fees, contact the Lands, Membership & Estates Office. When mailing your Application be sure to enclose the necessary payment (\$75.00) by Certified Cheque of Money Order. All Certified Cheques or Money Orders must be made payable to the **SAGAMOK ANISHNAWBEK FIRST NATION**. Do not send cash in the Mail.

For Telephone Inquiries: 1-800-567-2896 or 705-865-2421

Part G: Declaration

The information contained on this Application is True to the best of my knowledge and I believe it to be correct.

Signature of Applicant

Date of Application

Comments for Office Use Only