

APPLICATION FOR MEMBERSHIP

SCHEDULE "A"

CAMPBELL RIVER INDIAN BAND MEMBERSHIP RULES

1. I, _____
(Print Full Name)
hereby apply for membership in the Campbell River Indian Band.

OR

2. I, _____
(Print Full Name)
hereby apply as parent/guardian on behalf of the applicant who is under 18 years.

3. (1) Full legal name of applicant:

(2) Current mailing address:
(of applicant or guardian)

(3) Date of Birth:
(of applicant) _____

(4) Former Band: _____
(if any)

(5) Former Band Number: _____
(if applicable)

4. Under which section of the Campbell River Indian Band Membership Rules is this Application made?

(See PART III – NEW BAND MEMBERSHIP AND CRITERIA)

“x” appropriate section:

Section 5 (1) _____

Section 5 (2) _____

Section 5 (3) _____

Section 6 _____

5. Attach proof of:

(1) Indian Status; and,

(2) Long form birth certificate showing descendency from a Campbell River Indian Band member; or,

(3) Marriage certificate; or,

(4) Court Adoption order.

6. If the application is on behalf of a child of an Inter-Band marriage where one parent is not a Band Member, attach written consent by that parent to the child being entered on the Band List.

7. If the applicant is a member of another Band, attach Consent to Transfer and Undertaking to Withdraw from the former Band.

I, _____

believe all answers herein to be true and accurate to the best of my knowledge.

Signature: _____

Date: _____

CONSENT TO TRANSFER

SCHEDULE "B"

CAMPBELL RIVER INDIAN BAND MEMBERSHIP RULES

This is to certify that the _____
Band consents to the transfer of Band Member _____
to the Campbell River Indian Band to be effective the day his/her name is entered in the Band List of the
Campbell River Band.

Certified this _____ day of _____, 20_____

Chief

Councillor

Councillor

Councillor

Councillor

Councillor

Councillor

UNDERTAKING

I, _____, undertake to withdraw my membership in the _____ Band, if I am accepted into the membership of the _____ Band. This is to serve notice to the _____ Band that I wish to withdraw my membership.

Signed at _____
(City and Province)

this _____ day of _____
(Month)

20_____.

(Signature of Applicant)

Witness by:

(Name)

(Address)

(Occupation)