

RAINY RIVER FIRST NATIONS
APPLICATION FOR FULL BAND MEMBERSHIP (section 8.1)

I, _____, am applying for Full Membership in Rainy River First Nations, **OR**
 I, _____, am applying as a parent/guardian on behalf of the Applicant who is under eighteen (18) years of age.

First	Middle	Last
-------	--------	------

Applicant's date of birth: Month _____ Day _____ Year _____

I am applying for Full Membership based on (check all that apply):

- Section 7(b) (i.e., I was eligible to be a Member on the date prior to the day on which RRFNs assumed control of its Membership List)
- Section 7(c) (i.e., I have at least one parent (by birth or adoption) who has Full Membership or is/was entitled to have Full Membership under this Code, whether that parent is living or deceased.)

Full name and birth dates, of parents(s) and grandparents, and through whom Applicant is entitled to Full Membership.

Mother: _____ Registry # _____

Father: _____ Registry # _____

Maternal Grandparents: _____ Registry # _____
 _____ Registry # _____

Paternal Grandparents: _____ Registry # _____
 _____ Registry # _____

Supporting Documentation included with application:

- Long Form Birth Certificate
- Court adoption order if applicable
- Three letters of support from Full Members of Rainy River First Nations
- Affidavit a) disclosing any criminal convictions, if applicable; b) stating whether the individual has been subject to a penalty imposed by court, administrative tribunal, or regulatory body, if applicable; (c) attesting to the completion of any sentence or penalty, if applicable; (d) disclosing if there are other matters in the individual's past or present circumstances that may place the individual's character at issue
- Affidavit renouncing membership in his or her former First Nation, Inuit community or any Metis Organization and evidence that the former will release the individual from its membership list
- Provide affidavit setting out kinship to Rainy River First Nations

Reasons I would like to be considered to become a Full Member of Rainy River First Nations are the following:

Please send application with supporting documentation, (envelope marked CONFIDENTIAL)

To: Membership Registrar
Rainy River First Nations
Box 450
Emo, Ontario
POW 1E0

I, _____ declare all answers herein to be true and accurate.

Signature: _____ Date: _____

Contact Information of Applicant:

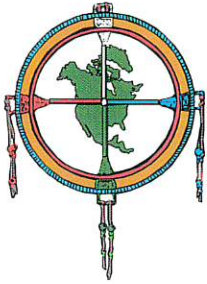
Phone Number: _____

Email: _____

Mailing Address:

Street Apt # P. O. Box

City/Town Province/State Postal Code/Zip Code



Rainy River First Nations Manitou Rapids

P.O. Box 450
Emo, Ontario P0W 1E0
Phone: (807) 482-2479
Fax: (807) 482-2603

Affidavit of Disclosure To Rainy River First Nations

I, _____
(Name of Applicant)

Mailing Address:

Street	Apt #	P. O. Box
City/Town	Province/State	Postal Code/Zip Code

Disclose that:

- I have no criminal convictions
- I have not been subject to penalty imposed by court, administrative tribunal, or regulatory body
- I have not had, or had to complete any sentences or penalty
- I have no other matters in the past or present circumstances that may place my character in question

And do hereby declare and affirm the above is true and correct.

Dated this _____ day of _____, 2023

Signature: _____

Printed Name: _____



Rainy River First Nations Manitou Rapids

P.O. Box 450
Emo, Ontario P0W 1E0
Phone: (807) 482-2479
Fax: (807) 482-2603

Affidavit Renouncing Membership

Name of Applicant: _____

Birthdate: _____
Month Day Year

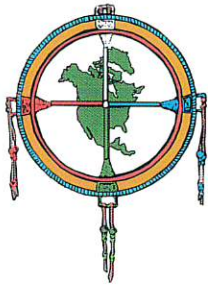
This is to confirm that I, _____
(name of applicant), am applying to transfer my membership to **Rainy
River First Nations**. I hereby consent to renounce my membership from
_____ (name of First Nation, Inuit
community, any Metis Organization where currently registered) and if
accepted by Rainy River First Nations, have my name removed from my
former First Nation, Inuit community, or any Metis Organization
membership list.

Signature of Applicant:

Or

Signature of parent/guardian if applying on behalf of and Applicant who is under eighteen (18)
years of age:

Under section 10 ii) of Rainy River First Nations 2018 Membership Code, when individuals wish to transfer their membership, they are required to provide an affidavit renouncing membership in his or her former Band, Inuit community or any Metis Organization. If you are wishing to transfer, you will need to sign this form and return it to the RRFNs Membership Registrar at membership@manitourapids.ca as part of your application package. For more information please call (807) 482-2479.



Rainy River First Nations Manitou Rapids

P.O. Box 450
Emo, Ontario P0W 1E0
Phone: (807) 482-2479
Fax: (807) 482-2603

Membership Release Form

Name of Applicant: _____

Membership Number: _____

Date of Birth: _____
Month Day Year

This is to confirm that _____ (name of First Nation, Inuit community or Metis Organization where currently registered) has been notified of _____ (Name of Applicant) wish to transfer their membership to **Rainy River First Nations**.

We hereby consent to release the individual from our membership list. When we receive confirmation from Rainy River First Nations that the individual has successfully become a member, at that time, we will remove them from our band list.

First Nation, Inuit community or Metis Organization:

Representative's Name: _____

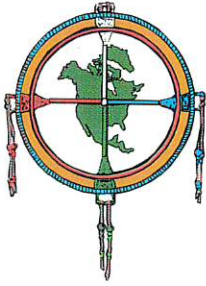
Signature: _____

Date: _____

Phone: _____

Email: _____

Under section 10 ii) of Rainy River First Nations 2018 Membership Code, when individuals wish to transfer their membership, they are required to provide evidence that their First Nation, Inuit community or any Metis Organization will release them from its membership list. Once this form is complete, please return it to the RRFNs Membership Registrar at membership@manitourapids.ca. If the applicant is over 18 years of age the actual transfer will not happen until their two-year probationary period is complete and they are accepted at RRFNs. For more info please call (807) 482 – 2479.



Rainy River First Nations Manitou Rapids

P.O. Box 450
Emo, Ontario P0W 1E0
Phone: (807) 482-2479
Fax: (807) 482-2603

Affidavit Setting Out Kinship To Rainy River First Nations

I, _____
(Name of Applicant)

Mailing Address:

_____	_____	_____
Street	Apt #	P. O. Box
_____	_____	_____
City/Town	Province/State	Postal Code/Zip Code

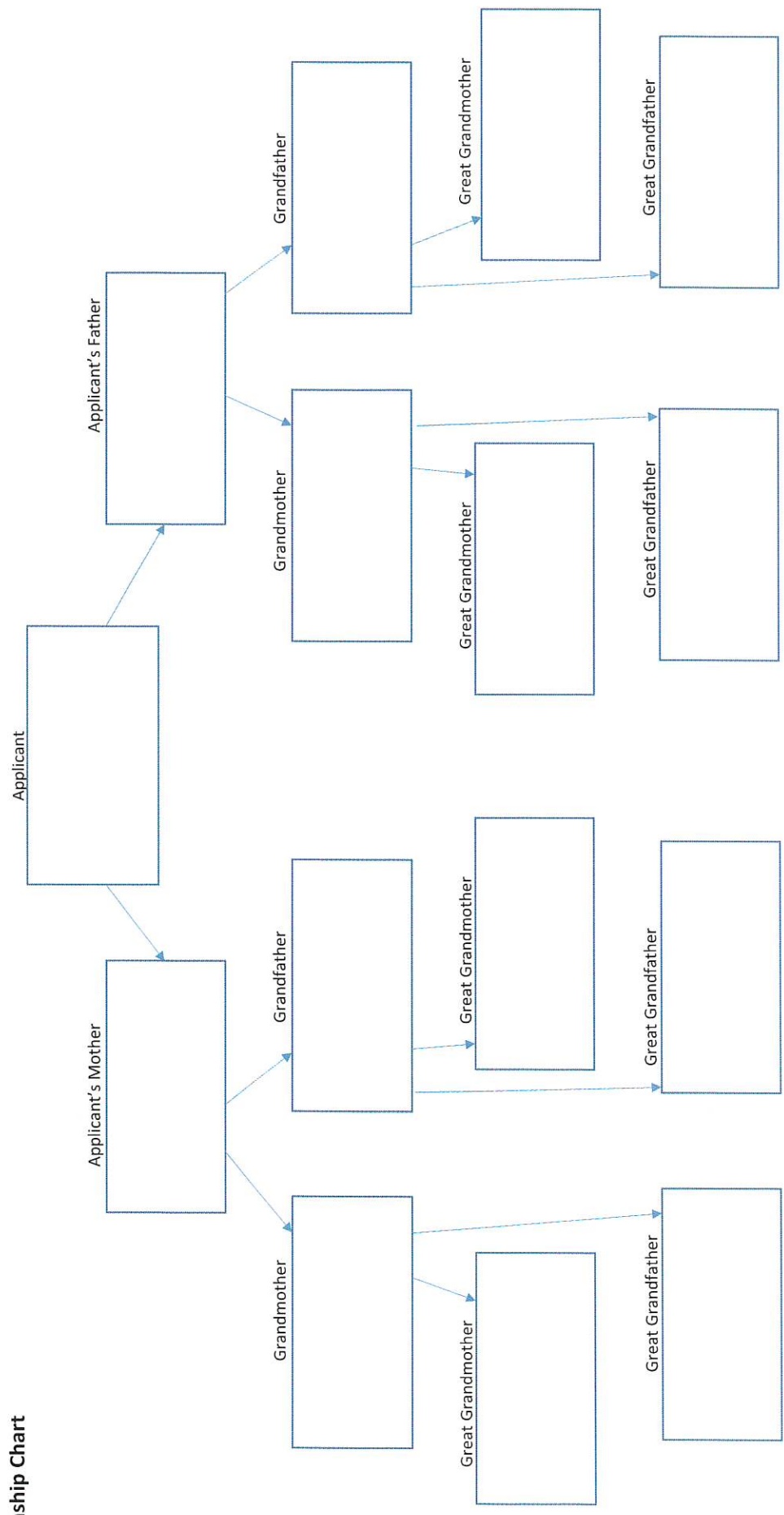
Do hereby declare and affirm that the accuracy of the attached Kinship Chart is true and correct.

Dated this _____ day of _____, 2023

Signature: _____

Printed Name: _____

Kinship Chart



Please Include Name, Birthdate and Band Registry Number in each block