

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
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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