



North Bay/French River Algonquins

Application for Membership

Applicant Information

Full Name: _____
Last *First* *Initials*

Address: _____
Street Address *Apt./Unit #*

City *Province* *Postal Code*

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Are you a citizen of Canada? Yes No

Do you identify as Algonquin? Yes No

If yes, define (First Nation or Métis): _____

Do you link your ancestry to one of the root Algonquin Ancestors? Yes No

If yes, name of ancestor: _____

If no, name of ancestor: _____

Were/Are you part of another Indigenous representative organization/group?

Yes No If yes, what is the name of the group:

Name: _____ From: _____ To: _____

Do you now wish to be with North Bay/French River Algonquins as of this date?

Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that I wish to be registered as a proud member of the North Bay/French River Algonquins.

Signature: _____ Date: _____