



# Ahtahkakoop Cree Nation #104

Box 220  
Shell Lake, Saskatchewan  
S0J 2G0  
Toll Free: (888) 857 8858  
Phone: (306) 468 2326  
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## MEMBERSHIP Application for Band Transfer

### Basic Information

Full name of Applicant \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Registration Number \_\_\_\_\_ Band \_\_\_\_\_

### Have you included the required documentation?

\_\_\_ Three character reference letters (one from a family member and two from non-family members from within the community)

\_\_\_ CPIC

\_\_\_ Completed Application Form

\_\_\_ Band Transfer Request Form

**Family Status**

Marital Status \_\_\_Single \_\_\_Married \_\_\_Common-Law \_\_\_Widow

Name of Spouse\_\_\_\_\_ His/Her Registration #: \_\_\_\_\_

Dependants:

Name	Band registered under	Requesting Transfer?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Family Ties**

Why are you requesting to transfer into Ahtahkakoop Band? \_\_\_\_\_  
(example. Adoption, Divorce, Marriage, Family Ties)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Father: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (if known)

Band: \_\_\_\_\_

**Paternal Grandparents**

Grandmother: \_\_\_\_\_ Band: \_\_\_\_\_

Grandfather: \_\_\_\_\_ Band: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (if known)

Band: \_\_\_\_\_

**Maternal Grandparents**

Grandmother: \_\_\_\_\_ Band: \_\_\_\_\_

Grandfather: \_\_\_\_\_ Band: \_\_\_\_\_

**PRIVACY ACT STATEMENT**

The information that you provide with this application is for the purpose of resourcing and administering eligibility for a band transfer. Personal information that you provide is protected under the provisions of the PRIVACY ACT.

**Personal Information**

**Education**

\_\_\_ Secondary (High School) Location: \_\_\_\_\_  
Grade Completed: \_\_\_\_\_

\_\_\_ Community College Location: \_\_\_\_\_  
Certificate/Diploma? \_\_\_\_\_

\_\_\_ Technical Institute Location: \_\_\_\_\_  
Certificate/Diploma? \_\_\_\_\_

\_\_\_ University Location: \_\_\_\_\_  
Degree Obtained? \_\_\_\_\_

**Work History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills, Interests, Hobbies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true and knowing that is of the same force and effect as if made under oath.

I hereby agree to the terms and conditions for band transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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