



APPLICATION FOR
LEQ'Á: MEL FIRST NATION BAND MEMBERSHIP

43101 Leq'á:mel Way Deroche, BC V0M 1G0
Phone: (604) 826-7976 Facsimile: (604) 826-0362 Email: reception@leqamel.ca

APPLICANT / CHILD'S PERSONAL INFORMATION		Please include a copy of the applicants long-form birth certificate	
Full Name:			
Present Address:			
Birthdate:		Phone:	
Are you Married? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Name of Spouse:	
Would you be interested in receiving correspondence by email? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Email address:	
Have you renounced your membership from your present Band? (If yes, a support document is required) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
What category are you registered under?		Would you like to transfer from your present registry group? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
MATERNAL INFORMATION			
Mother's Name at Birth:			
Mother's Birthdate:			
Band/Tribe:			
Maternal Grandmother's Name at Birth:		Maternal Grandfather's Name at Birth:	
Grandmother's Birthdate:		Grandfather's Birthdate:	
Band/Tribe:		Band/Tribe:	
PATERNAL INFORMATION			
Father's Name at Birth:			
Father's Birthdate:			
Band/Tribe:			
Paternal Grandmother's Name at Birth:		Paternal Grandfather's Name at Birth:	
Grandmother's Birthdate:		Grandfather's Birthdate:	
Band/Tribe:		Band/Tribe:	
APPLICANTS CONSENT FOR REGISTRATION			
**Parental consent for registration of a minor under the Leq'á:mel Membership Code (both parents named on birth certificate must sign)			
Minor is to be registered with: Mother <input type="checkbox"/> Father <input type="checkbox"/>			
The minor is in the custody of: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/>			
Signature of Applicant/Guardian:		Date:	
Signature of Applicant/Guardian:		Date:	
CONSENT TO RELEASE INFORMATION			
I hereby give authorization to the Enrolment Officer to release my current mailing address and any other pertinent ancestral background information to the Leq'á:mel First Nation.			
Signature of Applicant/Guardian:		Date:	
FOR OFFICE USE ONLY			
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>		Pursuant to Section:	
If disapproved, explain:			
Signature of Enrolment Officer:		Date:	