

FOR INTERNAL USE ONLY
(NOT TO BE COMPLETED BY
APPLICANT)

Access ID Number

Algonquins of Ontario

ENROLMENT APPLICATION FORM (Updated January 2013)

Note: The time period for enrolling to vote on the Agreement-in-Principle has closed.
This application is for the gathering of information for the enrolment process on a go-forward basis.

PLEASE PRINT

APPLICANT INFORMATION			
Full Name:			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i> <i>Maiden Name</i>
Date of Birth (YY/MM/DD):	Date of Application (YY/MM/DD):		
Mailing Address:	Telephone:	Email:	
City/Town:	Province/Country:	Postal Code:	

FAMILY INFORMATION	
<i>The information provided in this section does not constitute an application for enrolment on behalf of these family members. This section is for information purposes only.</i>	
Spouse's Name: (Maiden Name)	
Children's Names and Ages (Minors under 18):	
1.	2.
3.	4.
5.	6.

DECLARATION OF REPRESENTATION			
I have a present day "Cultural or Social Connection" with the following "Algonquin Collective/Community" and wish to be represented by one of the following: (Check only one)			
<input type="checkbox"/> Antoine	<input type="checkbox"/> Bancroft	<input type="checkbox"/> Bonnechere	<input type="checkbox"/> Greater Golden Lake
<input type="checkbox"/> Mattawa/North Bay	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Pikwàkanàgan	<input type="checkbox"/> Snimikobi
<input type="checkbox"/> Shabot Obaadjwan	<input type="checkbox"/> Whitney and Area	<input type="checkbox"/> Other (Identify Algonquin Collective):	

DECLARATION OF APPLICANT	
I _____	DECLARE THAT:
<i>NAME OF APPLICANT</i>	
<input type="checkbox"/>	I identify myself as an Algonquin and wish to be on the Enrolment List of future Voters.
OR	
<input type="checkbox"/>	I am a member of the Algonquins of Pikwàkanagàn First Nation. By submitting this Application Form, I consent to the verification of my membership by the Registrar of the Algonquins of Pikwàkanagàn First Nation.

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My "Cultural or Social Connection" to the identified Algonquin Collective is:
(Please check at least one)

- I am a full time or part time resident within the geographic area of _____
(name the Algonquin Collective/Community) and participate in its social and cultural life.
- I regularly visit _____
(name the Algonquin Collective/Community) and maintain my social and cultural connections.
- I regularly hunt, fish, or participate in other harvesting or traditional activities with members of _____
(name the Algonquin Collective/Community).
- I frequently attend social or cultural events or gatherings in _____
(name the Algonquin Collective/Community).
- Other (provide details about your cultural or social connection to the Algonquin Collective/Community (using a separate page if necessary):

You MUST select only ONE of the following:

- I am not a member of another aboriginal group that asserts aboriginal or treaty rights within Algonquin Territory.
- OR**
- I am a member of another aboriginal group that asserts aboriginal or treaty rights within Algonquin Territory.

I AUTHORISE the Enrolment Officer, or other personnel hired by the AOO to use this information and to make any inquiries and undertake any investigation they deem necessary to process this Application.

I AUTHORISE the posting of my name in such public places as required by the enrolment process.

I DECLARE THAT to the best of my knowledge the information contained in this Application Form is accurate.

DECLARED AT:

NAME OF CITY:	PROVINCE:
DATE (YY/MM/DD):	APPLICANT'S SIGNATURE:
WITNESS NAME (ANYONE OVER 18):	WITNESS SIGNATURE:
WITNESS ADDRESS:	
WITNESS TELEPHONE:	WITNESS EMAIL:

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FAMILY TREE OF ALGONQUIN LINEAGE	
NAME OF PARENTS:	
Mother (Maiden Name):	Father:
Date of Birth (YY/MM/DD):	Date of Birth (YY/MM/DD):
Place of Birth:	Place of Birth:
MOTHER'S LINE:	FATHER'S LINE:
Grandmother (Maiden Name):	Grandmother (Maiden Name):
Grandfather:	Grandfather:
Great Grandmother (Maiden Name):	Great Grandmother (Maiden Name):
Great Grandfather:	Great Grandfather:
<i>Note: If there are additional ancestors, please add a separate sheet.</i>	
Name of Person(s) from whom you are a direct descendant from the Schedule of Algonquin Ancestors:	

<i>(If you need assistance with this part, contact your Algonquin Negotiation Representative)</i>	

SUPPORTING DOCUMENTS SHOWING ALGONQUIN LINEAGE		
<input type="checkbox"/> Extended Birth Certificate	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Census Records	<input type="checkbox"/> Other Documents:

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CERTIFICATION BY ENROLMENT OFFICER

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I have reviewed the genealogical information provided by the Applicant pursuant to the criteria in the Preliminary Draft Agreement-in-Principle and:

I certify that the Applicant has demonstrated Direct Lineal Descent from a person or persons on the Preliminary Schedule of Algonquin Ancestors. Provide name of applicable Algonquin Ancestor(s) below:

I am unable to certify that the Applicant has demonstrated Direct Lineal Descent from a person on the Preliminary Schedule of Algonquin Ancestors.

I certify that the Applicant has demonstrated that the Applicant or a person in the line of Direct Lineal Descent between the Applicant and an Algonquin Ancestor was part of an Algonquin Collective (as defined in the Preliminary Draft Agreement-in-Principle) after July 15, 1897 and prior to June 15, 1991.

I am unable to certify that the Applicant has demonstrated that the Applicant or a person in the line of Direct Lineal Descent between the Applicant and an Algonquin Ancestor was part of an Algonquin Collective (as defined in the Preliminary Draft Agreement-in-Principle) after July 15, 1897 and prior to June 15, 1991.

Signature of Enrolment Officer:

CERTIFICATION BY REGISTRAR, ALGONQUINS OF PIKWÀKANÀGAN FIRST NATION

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I hereby certify that the Applicant is a member of the Algonquins of Pikwàkanàgan First Nation.

I hereby certify that the Applicant is not a member of the Algonquins of Pikwàkanàgan First Nation.

Signature of Registrar, Algonquins of Pikwàkanàgan First Nation: