



**ELIZABETH METIS SETTLEMENT
LAND and MEMBERSHIP DEPARTMENT**

P.O. Box 420 Cold Lake, Alberta T9M 1P2
Phone: (780) 594-5026 Fax: (780) 594-5452

Date: _____

Indian Registration and Band Lists
Indian and Northern Affairs Canada
630, 9700 Jasper Avenue
Edmonton, Alberta T5J 4G2
Phone: (780) 594-4088
Fax: (780) 495-7736

Dear Sir or Madam:

I _____, hereby consent to a search of Indian and Northern Affairs
Canada to determine if I am listed in the Registry. A copy of my birth certificate is attached. If I am
Registered, please release the date I became registered, in writing to:

**LAND and MEMBERSHIP DEPARTMENT
ELIZABETH METIS SETTLEMENT
P.O. Box 420 Cold Lake, Alberta T9M 1P1**

Thank you for your assistance in this matter. If you require any further information, please contact
the ELIZABETH METIS SETTLEMENT Administration Office at (780) 594-5026.

Yours truly,

P.O Box _____

Applicant's Signature and Address

(If applicant is under age of 18, this letter needs to be signed by a legal guardian)

INAC office use only

Registered _____ Not Registered _____ Date Checked _____

Signed of by _____

membership clerk must make a copy of this request and return it to INAC along with original

OFFICE USE:

MEETING DATE:	Number of Council present:

ACTION DATES:

Date of Notice of meeting sent to the Applicant:	Date of Council Decision:
Date Notice of Decision sent to the Applicant:	Date sent to Alberta Metis Settlements Land Registry :

PERSONAL INFORMATION COLLECTION NOTIFICATION

This personal information is collected under Section 33 (c) of the *freedom of Information and Protection of Privacy Act* (Alberta). The information you provide through your application will be retained by the Elizabeth Metis Settlement and if your application is approved by the Elizabeth Metis Settlement Council, your whole application will be shared with the Metis Settlements Land Registry. Also, your name and Birth Certificate will be forwarded to DISC for the completion of Treaty check.

Schedule 1

APPLICATION FOR MEMBERSHIP

Form 1

Name of the Applicant:	Date of Birth:
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MAILING ADDRESS:

Box # or Street Address	City/Town/Settlement	Province:	Postal Code:
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1. Have you ever been a member of a Settlement? YES or NO

If yes, which Settlement were you a member of?

Settlement: _____ From: _____ to _____

If more than one place, where else did you reside: _____ Length of time: _____

2. Have you lived in Alberta for the Five years immediately preceding this date: YES or NO

If yes, where: _____ How long did you reside at the current location: _____

If more than one place, where else did you reside: _____ Length of time: _____

3. Are you either an Indian, registered under the Indian Act (Canada) or registered as an Inuk for the purpose of a land claims Settlement? YES or NO

If yes, answer the following:

Were you registered under the age of 18 years old? YES or NO Date of Registration: _____

Registration Band #: _____ Registration at which reserve: _____

Registered under parent/parents: _____ and/or _____

4. Are one or both of your parents members of the Settlement or were one of both of your parents members of the Settlement when they died? BOTH _____ One _____ None _____

Name of the Settlement member parent(s): _____ and _____

What Settlement is he/she a member of?

Mother: _____

Father: _____

5. Did you live a majority of your childhood in a Settlement? YES or NO

If yes, from what age: _____ to age _____

What Settlement did you live in? _____

6. Where in the Settlement will you be living: _____ Land Location: _____

7. Are you committed in living in the settlement: YES or NO

8. Are you in debt to this Settlement or any other Settlement? YES or No

IF yes:

(a) What written agreements have you made to repay this debt? _____

(b) Are you in arrears on the agreement with a repayment agreement? YES or No

9. Do you want to meet with the Settlement Council when they consider you application? YES or NO

10. Do you have a criminal record? YES or No

If yes, what were you charged with? _____

11. Do you agree to preserve a peaceful community and to comply with the Metis Settlements Act, General Council Policies and the By-Laws of this Settlement? YES or NO

Do you have any other information that you would like to include this application? YES or NO

If yes, provide the information:

(If you require more additional space, please provide your information of a separate page and attach it to the application.)

Name of Father: _____ Father's Status: _____ Fathers Heritage: _____

Alias Names(s): _____ and/or _____

Date of Birth: _____ If treaty, name of which 1st Nation? _____

Name of Mother: _____ Mother's Status: _____ Mothers Heritage: _____

Alias Names(s): _____ and/or _____

Date of Birth: _____ If treaty, name of which 1st Nation? _____

Marital Status: Single ___ Married ___ Common-law ___ Widow/Widower ___ Separated ___ Divorced ___

Name of Spouse: _____ Status: _____ Spouse's Heritage" _____

Maiden Name: _____ Alias Name: _____

Date of Birth: _____ If treaty, name of which 1st Nation? _____

Full Name of 1st child: _____ D.O.B: _____ Status: _____

Full Name of 2nd child: _____ D.O.B: _____ Status: _____

Full Name of 3rd child: _____ D.O.B: _____ Status: _____

Full Name of 4th child: _____ D.O.B: _____ Status: _____

Full Name of 5th Child: _____ D.O.B: _____ Status: _____

Full Name of 6th child: _____ D.O.B: _____ Status: _____

Schedule 2

MEMBERSHIP DECLARATION

MEMBERSHIP FORM 2

I, _____ of the _____
(Metis Settlement, Town or City)

Of _____ in the Province of ALBERTA.
(Name of Place)

MAKE OATH AND SAY,

1. I identify with Metis History and Culture, and
2. Based on the following facts, I have Canadian Aboriginal Ancestry,

And I make this solemn declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath.

(Signature of person making affidavit)

Sworn before me

At the _____ of _____

In the Province of ALBERTA this _____ day of _____

Commissioner of Oaths in and for the Province of Alberta

Print Name

My Commission expires on _____

Name of Grandparents on Father's side:

Grandfather's full name: _____ D.O.B: _____ Place of residency: _____

Grandmother's full name: _____ D.O.B: _____ Place of residency: _____

Name of Grandparents on Mother's side:

Grandfather's full name: _____ D.O.B: _____ Place of residency: _____

Grandmother's full name: _____ D.O.B: _____ Place of residency: _____

Date of Application

Date received at the Office

Signature of Applicant

Signature of person receiving the Application

Print name of person receiving the application

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

I, _____ OF _____
(Print Name) (Print Address)

1. In accordance with Section 38(1). (c) of the Freedom of Information Act, consent to the disclosure of information that is in the possession and control of the ELIZABETH METIS SETTLEMENT that describes any existing debts that are owing to the named Metis Settlement, any written agreements to repay these debts, and whether I am in arrears in payments for any debt can be released to the Settlement that I am in the process of applying for Membership .
2. This information may only be released to an authorized representative of the ELIZABETH METIS SETTLEMENT.
3. The purpose for which this information is to be used is to enable the Council to make a decision with the respect to my membership application in accordance with Section 78 (2)(b) of the Metis Settlements Act.
4. I further agree and understand that the Land and Membership Department can provide my membership status to any of the departments of the Administration office when applicable for criteria for Programs and Services.
5. I understand that I have a right to examine and to respect correction of the personal information to be disclosed.
6. I Understand that I have a right to request a review by the Information and Privacy Commissioner.
7. I have read and fully understand this consent.

Dated at _____, this _____ day of _____, 20____.
(Name of Place)

(Signature of Applicant)

(Signature of Witness)

(Print Name of Witness)

Schedule 5

ELDER'S DECLARATION

(Metis Settlements Act, Section 76 (b) (ii))

MEMBERSHIP FORM 2

I, _____ of _____
(Print Name) (Settlement, Town, City) Province Postal Code

DO SOLEMNLY DECLARE THAT:

_____ has Aboriginal Ancestry by virtue of (provide facts on which this declaration if made)
(Print Name of Applicant)

**AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY
BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE
SAME FORCE AND EFFECT AS IF MADE UNDER OATH.**

(Signature of person making affidavit)

Declared before me

At the _____ of _____

In the Province of ALBERTA this _____ day of _____

Commissioner of Oaths in and for the Province of Alberta

Print Name

My Commission expires on _____

Note: Please ensure that all applicable sections of this form are filled in and required signatures are obtained. Incomplete forms cannot be processed and will be returned for correction and/or completeness which will delay registration of your submission.