

Schedule A - Enrolment Application for Adult Applicant

Enrolment Committee

P.O. Box 18026

1215C-56 Street,

Delta, B.C. V4L 2M4

Phone: 1-604-948-5290

Toll Free: 1-888-943-2112

Email: enrollinfo@tsawwassenfirstnation.com

Website: www.tsawwassenfirstnation.com

Applicant Full Name: _____

Date of Application: _____

For Office Use Only

Date Received:		Initials:
<input type="checkbox"/> Approved	Date:	Initials:
<input type="checkbox"/> Approved – Transfer to be completed		
<input type="checkbox"/> Refused		
Member TFN #		



Tsawwassen First Nation Enrolment Application Form

This is an application form for enrolment of an adult applicant (age 18 and over) as a Tsawwassen First Member.

This application includes the following sections:

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You must complete all sections of this form. If you need assistance in completing this application, please contact the Enrolment Registrar at (604) 943-2112 or toll free at 1-888-943-2112, or email enrollinfo@tsawwassenfirstnation.com.

The information you provide in this application will be used to determine your eligibility to be enrolled as a Tsawwassen Member under the Final Agreement. Please answer all the questions to the best of your ability and remember...

It is your responsibility to prove that you meet the enrolment criteria.

Your application will be assessed by the Tsawwassen Enrolment Committee based on the enrolment criteria set out in the Tsawwassen *Membership Act*. **Only complete applications will be considered by the Committee.** Applications will be considered incomplete if you have not filled out all sections of the form, if you have not attached the necessary documentation, and/or you and your witness have not signed the Declaration. **Submitting an incomplete application or false statement may cause a delay in the application process, and may result in rejection of your application.**

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Section 4 of the Tsawwassen Membership Act sets out the enrolment criteria as follows:

An individual is entitled to be enrolled as a Tsawwassen Member, subject to section 12, if that individual

- a) was a Tsawwassen Member or was entitled to be a Tsawwassen Member on or after the Effective Date
- b) is of Tsawwassen First Nation ancestry, in accordance with section 5,
- c) was adopted by an individual eligible to be a Tsawwassen Member in accordance with sections 6, 7 and 9,
- d) is a descendant of an individual eligible to be a Tsawwassen Member under paragraphs (a) to (c) and (e), in accordance with section 9, or
- e) is an aboriginal individual who is a spouse of an individual with Tsawwassen ancestry eligible to be a Tsawwassen Member, and
 - i. whom the committee has determined to be of good character, and
 - ii. who, if applicable, has resigned his or her membership in another Indian Band or First Nation.

Please note: enrolment as a Member of Tsawwassen First Nation is a separate process from registration as a Status Indian. If you need to register as a Status Indian, please contact the TFN Indian Registry Administrator (IRA) for assistance. If you are currently registered as a Status Indian with Tsawwassen First Nation, you must still complete this application form in order to enroll as a Member of TFN and be eligible for Member benefits, including distribution payments.

NOTE: It is your responsibility to keep the Enrolment Committee informed of your current address and personal information.

All information that you provide in this application will be kept strictly confidential in accordance with the Tsawwassen *Freedom of Information and Protection of Privacy Act*.

Tsawwassen First Nation Enrolment Application Form

1. PRELIMINARY ELIGIBILITY QUESTIONS

Please check the box that applies to you (you can check more than one):

- I was a Tsawwassen Member or was entitled to be a Tsawwassen Member on or after the Effective Date (April 3rd, 2009)
- I am of Tsawwassen First Nation ancestry, in accordance with section 5 of the Tsawwassen *Membership Act*
- I was adopted by an individual eligible to be a Tsawwassen Member in accordance with sections 6, 7 and 9 of the Tsawwassen *Membership Act*
- I am a descendant of an individual eligible to be a Tsawwassen Member under section 4 paragraphs (a) to (c) and (e) of the Tsawwassen *Membership Act*, in accordance with section 9 of the Act
- I am an aboriginal individual who is a spouse of an individual with Tsawwassen ancestry eligible to be a Tsawwassen Member

You may use the space below to provide any additional information you desire in relation to your eligibility and attach additional pages if necessary.

2. APPLICANT'S PERSONAL INFORMATION

Last Name: _____ Given Names: _____

Name on Birth Certificate (if different from current name): _____

(copy of name linking document will be required if your name has changed)

Date of Birth (mm/dd/yyyy): _____ Male Female

Place of Birth: _____ Country of Birth: _____

Are you known by any other names or have an ancestral name? _____

Address: _____

City: _____ Province/State: _____

Country _____ Postal Code/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email address: _____

Are you registered as a Status Indian under the *Indian Act* in Canada? Yes No

Status Number: _____ Band/Nation: _____

Are you a member of an American Indian tribe or nation? *(optional)* Yes No

Name of tribe/nation: _____ Location: _____

Marital Status: Single Married Common-law Widowed Divorced Separated

Maiden Name (if applicable): _____

Name of spouse (if applicable): _____

If your spouse is aboriginal, what band/First Nation/tribe is he/she from?



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3. ANCESTRAL CHART

Please use maiden names
Please note if Ancestor is not buried in Tsawwassen, note where buried
Please use NA if the question is not applicable, such as for Date of Death - NA
Please use Unknown if the information is unknown, forgotten or records are lost

		Great-Grandfather Name
		Date of Birth
		Date of Marriage
		Date of Death
		Band/Status#
		Great -Grandmother Name
		Date of Birth
		Date of Death
		Band/Status#
Grandfather Name		Great-Grandfather Name
Date of Birth		Date of Birth
Place		Date of Marriage
Date of Marriage		Date of Death
Place		Band/Status#
Date of Death		
Place		Great -Grandmother Name
Band/Status#		Date of Birth
		Date of Death
		Band/Status#
Father Name	Grandmother Name	Great-Grandfather Name
Date of Birth	Date of Birth	Date of Birth
Place	Place	Date of Marriage
Date of Marriage	Date of Marriage	Date of Death
Place	Place	Band/Status#
Date of Death	Date of Death	
Place	Place	Great -Grandmother Name
Band/Status#	Band/Status#	Date of Birth
		Date of Death
		Band/Status#
Your Name		Great-Grandfather Name
Date of Birth		Date of Birth
Place		Date of Marriage
Date of Marriage		Date of Death
Place		Band/Status#
Band/Status #		
		Great -Grandmother Name
		Date of Birth
		Date of Death
		Band/Status#
Spouse Name	Grandfather Name	Great -Grandmother Name
Date of Birth	Date of Birth	Date of Birth
Place	Place	Date of Death
Band/Status#	Date of Marriage	Band/Status#
	Place	
	Date of Death	
	Place	Great-Grandfather Name
	Band/Status#	Date of Birth
		Date of Marriage
		Date of Death
		Band/Status#
Mother Name	Grandmother Name	Great -Grandmother Name
Date of Birth	Date of Birth	Date of Birth
Place	Place	Date of Marriage
Date of Marriage	Date of Marriage	Date of Death
Place	Place	Band/Status#
Date of Death	Date of Death	
Place	Place	
Band/Status#	Band/Status#	

4. DOCUMENTATION

Verification of Ancestry/Eligibility

As part of your application you must provide documentation that establishes your ancestry and/or the facts relevant to the eligibility criteria. This would normally be your birth certificate with parent(s) name(s), or if you were adopted as a child, legal documents verifying the adoption. Please provide a legible photocopy of required documents.

- A copy of my birth certificate is attached to this application
- I have attached documents to verify that I was legally adopted as a child
- Birth/adoption records are not available; I have attached other documents to verify my ancestry/eligibility (please specify): _____

Verification of Identity

You must also provide the Enrolment Committee with a clear photocopy of **at least one piece** of valid photo identification to confirm your identity. The Enrolment Committee reserves the right to request additional identification if required.

- Driver's Licence
- Provincial/State ID
- Passport
- Status Card
- Services Card/Other healthcare card
- Student ID
- Employee ID
- Other (specify): _____

Verification of Name Change

If your current name is different from the name that appears on your birth certificate, you will need to provide documents linking your birth name to your current name. Please provide legible copies of any applicable documents.

- Marriage Certificate
- Legal Name Change Certificate
- Other (specify): _____

If you are unable to provide sufficient documents to meet the application requirements, you may as an alternative provide a Statutory Declaration that is sworn before a Notary Public or Commissioner for Oaths. For assistance, please contact the Enrolment Registrar at (604) 943-2112 or toll free at 1-888-943-2112, or email enrollinfo@tsawwassenfirstnation.com.

It is a criminal offence to make a false Statutory Declaration.

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5. ENROLMENT IN ANOTHER LAND CLAIMS AGREEMENT

In accordance with section 34 of the Tsawwassen *Membership Act*, an individual is not entitled to be enrolled as a Tsawwassen First Nation Member if they are currently a member of another aboriginal group that is a signatory to a treaty, or currently enrolled under another land claims agreement in Canada.

If you otherwise meet the Tsawwassen eligibility criteria and you are presently enrolled in another **treaty** or **land claims** agreement in Canada, you may be eligible to be enrolled as a Tsawwassen Member **only** if you withdraw from enrolment under the other treaty or land claims agreement.

1. Are you presently enrolled or receiving benefits in another treaty or land claims agreement in Canada?

YES NO

If NO, go to next page; if YES, please answer questions 2 and 3

2. If yes, please provide the name of the other treaty or land claims agreement.

3. Are you prepared to withdraw from enrolment in the other treaty or land claims agreement in order to enrol as a Tsawwassen member?

YES NO

6. ENROLMENT IN ANOTHER BAND, TRIBE, OR FIRST NATION

In accordance with section 34 of the Tsawwassen *Membership Act*, an individual is not entitled to be enrolled as a Tsawwassen First Nation Member if they are currently on an Indian Act band list with another band, tribe, or First Nation in Canada.

If you otherwise meet the Tsawwassen eligibility criteria, and you are presently a **member** of another **band, tribe, or First Nation in Canada**, you may be enrolled as a Tsawwassen Member **only** if you withdraw membership from that band, tribe, or First Nation.

1. Are you presently a member of another band, tribe, or First Nation in Canada?

YES NO

If NO, go to next page; if YES, please answer questions 2 and 3

2. If yes, please provide the name of that band/tribe/First Nation.

3. Are you prepared to withdraw from membership in the other band/tribe/First Nation in order to enroll as a Tsawwassen member?

YES NO

7. DECLARATION FOR ADULT APPLICANT

Must be signed by applicant and a witness

I, _____, SOLEMNLY DECLARE that the facts contained in this
Name of Applicant
application are true to the best of my knowledge.

Applicant signature

Date signed (mm/dd/yyyy)

WITNESS to Applicant's Signature:

(Witness can be any person aged 18 or over)

Witness signature

Date signed (mm/dd/yyyy)

Witness Name (please print)