



TSAWWASSEN FIRST NATION  
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## Schedule A – General Enrolment Application for Adult Applicants

**Tsawwassen 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](mailto:enrollinfo@tsawwassenfirstnation.com)**  
**Website: [www.tsawwassenfirstnation.com](http://www.tsawwassenfirstnation.com)**

**Applicant Full Name:** \_\_\_\_\_

### For Office Use Only

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

The information on this form is collected under the authority of the Tsawwassen *Membership Act*. The information provided will be used to fulfill the requirements of the Act in relation to enrolment of Tsawwassen First Nation Members. The information will not be shared except in accordance with the Act and with the Tsawwassen *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information please contact the Manager of Government Services at (604) 943-2112.



## INTRODUCTION

This **Schedule A** is a **general application** form for adult applicants (age 18 and over).

There are other application forms for specific circumstances. Please use:

- **Schedule B:** if you are an adult who was adopted as a child by an individual with Tsawwassen Ancestry;
- **Schedule C:** if you are the aboriginal spouse of an individual with Tsawwassen Ancestry;
- **Schedule D:** if you are applying for membership on behalf of a minor or dependent adult who has Tsawwassen ancestry;
- **Schedule E:** if you are applying for membership on behalf of a minor or dependent adult who was adopted by an individual with Tsawwassen ancestry.

If you are not sure which application form to use, please ask the Enrolment Registrar by calling (604)-943-2112, or toll free at 1-888-943-2112, or email [enrollinfo@tsawwassenfirstnation.com](mailto:enrollinfo@tsawwassenfirstnation.com).

This application has the following sections:

1. Preliminary Eligibility Questions
2. Applicant's Personal Information
3. Documentation
4. Enrolment in another Entity
5. Declaration for an Adult Applicant

The information you provide in this application will be used to determine your eligibility to be enrolled as a Tsawwassen Member. 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.**

**Important note: it is an offence under the *Membership Act* to attempt to become a Tsawwassen Member by false representation, fraud, or knowingly concealing material facts or circumstances.**

Your application will be assessed by the Tsawwassen Enrolment Committee based on the enrolment criteria set out in the Tsawwassen *Membership Act*.



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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 34, if that individual

- a) has at least three generations of Tsawwassen First Nation ancestry along a single matrilineal or patrilineal line, in accordance with section 5,
- b) was adopted by an individual eligible to be a Tsawwassen Member under paragraph (a), in accordance with sections 6 and 7,
- c) is a descendant of an individual eligible to be a Tsawwassen Member under paragraph (b) in accordance with section 9,
- d) is an aboriginal individual who is a spouse of an individual eligible to be a Tsawwassen Member under paragraph (a), 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 indigenous group in accordance with section 34, or
- e) was a Tsawwassen Member on July 6, 2016.

You must complete all sections of this form. 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. If you are missing some supporting documentation, or 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](mailto:enrollinfo@tsawwassenfirstnation.com).

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 Tsawwassen Member and to be eligible for Member benefits, including distribution payments.

**It is your responsibility to keep the Enrolment Registrar informed of your current address and personal information.**



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## 1. PRELIMINARY ELIGIBILITY QUESTIONS

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

- I have at least three generations of Tsawwassen First Nation ancestry along a single matrilineal or patrilineal line, in accordance with section 5 of Tsawwassen's Membership Act.
- I am a descendant of an individual eligible to be a Tsawwassen Member under paragraph 4 (b) of Tsawwassen's Membership Act, in accordance with section 9 of the Act.
- I was a Tsawwassen Member on July 6, 2016.

## 2. APPLICANT'S PERSONAL INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Name on Birth Certificate (if different from current name): \_\_\_\_\_  
*(An original certificate(s) or certified copy of name linking document(s) will be required if your name has changed.)*
3. Are you known by any other names or have an ancestral name? \_\_\_\_\_
4. Date of Birth (mm/dd/yyyy): \_\_\_\_\_
5. Gender:  Male  Female
6. Place of Birth (city/country): \_\_\_\_\_
7. Citizenship: \_\_\_\_\_
8. Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_
9. Contact information:  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_
10. Marital status:  Single  Married  Common-law  Widowed  Divorced  Separated
11. Date of Marriage (if applicable) \_\_\_\_\_
12. Place of Marriage (if applicable) \_\_\_\_\_
13. Name of spouse (if applicable): \_\_\_\_\_
14. If your spouse is aboriginal, what band/First Nation/tribe is he/she from?  
\_\_\_\_\_



### 3. DOCUMENTATION

#### 3.1. Verification of Identity

As part of your application, you must provide the Tsawwassen Enrolment Committee with an original or certified copy 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.

1. What **original documents or certified** copies are you submitting to verify your identity?

<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Services Card/Other healthcare card with photo
<input type="checkbox"/> Tsawwassen Government ID	<input type="checkbox"/> Student ID
<input type="checkbox"/> Provincial/State ID	<input type="checkbox"/> Employee ID (with photo and full name)
<input type="checkbox"/> Passport	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Status Card	

2. Were you a Tsawwassen Member on July 6, 2016?  Yes  No

If Yes, please provide your Tsawwassen membership number (available through the Enrolment Registrar) \_\_\_\_\_ **and skip to section 4.**

If No, please complete section 3.2 Verification of Ancestry and Eligibility.

**Please note:** any certified copies of documents that are submitted for your application will be retained by TFN in our Membership files. If you bring original documents to the Administration office in person, TFN can make certified copies for you at no charge. If you submit original birth, marriage, name change, or other documents by mail, TFN will make certified copies and return the original documents to you by mail. **Please do not send original identity documents (drivers licence, passport, provincial/state ID, etc.) by mail.**



### 3.2. Verification of Ancestry and Eligibility

If you are applying for membership as an individual with Tsawwassen ancestry, you must provide documentation that establishes three generations of ancestry along a single matrilineal or patrilineal line, as well as the facts relevant to the eligibility criteria.

#### 3.2.1. First Generation of Tsawwassen Ancestry

1. Name of Ancestor 1 (*your parent*): \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Place of Birth \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_
5. Place of Marriage \_\_\_\_\_
6. Band or First Nation \_\_\_\_\_
7. Status Number \_\_\_\_\_
8. What **original documents or certified copies** are you submitting to verify that this person was an ancestor?
  - Your* Long Form Birth Certificate (with parents' names)
  - Court order
  - Marriage or name change certificate to link documents (if applicable)
9. If you are not able to provide documents from the list above, please list what other documents or statutory declarations you are providing. You must provide a minimum of two other documents or statutory declarations. Note that the Enrolment Committee may require more than two.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is or was this ancestor a Tsawwassen Member?  Yes     No  
The Registrar will check TFN membership records to confirm whether this ancestor was a Member. If this ancestor is in our records, you do not have to provide any further documentation. However, if this ancestor is not in our membership records, but you believe that he or she is/was a Tsawwassen Member or eligible for membership, you can submit documents or statutory declarations to support your application. If you are submitting documents or statutory declarations to verify that this ancestor is/was a Member or eligible for Membership, please list them below:  
\_\_\_\_\_



### 3.2.2. Second Generation of Tsawwassen Ancestry

1. Name of Ancestor 2 (*your grandparent*): \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Place of Birth \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_
5. Place of Marriage \_\_\_\_\_
6. Band or First Nation \_\_\_\_\_
7. Status Number \_\_\_\_\_
8. What **original documents or certified copies** are you submitting to verify that this person was an ancestor?
  - (*Your parent's*) Long Form Birth Certificate (with parents' names)
  - Court order
  - Marriage or name change certificate to link documents (if applicable)
9. If you are not able to provide documents from the list above, please list what other documents or statutory declarations you are providing. You must provide a minimum of two other documents or statutory declarations. Note that the Enrolment Committee may require more than two.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is or was this ancestor a Tsawwassen Member?  Yes     No  
The Registrar will check TFN membership records to confirm whether this ancestor was a Member. If this ancestor is in our records, you do not have to provide any further documentation. However, if this ancestor is not in our membership records, but you believe that he or she is/was a Tsawwassen Member or eligible for membership, you can submit documents or statutory declarations to support your application. If you are submitting documents or statutory declarations to verify that this ancestor is/was a Member or eligible for Membership, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_



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### 3.2.3. Third Generation of Tsawwassen Ancestry

1. Name of Ancestor 3 (*your great-grandparent*): \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Place of Birth \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_
5. Place of Marriage \_\_\_\_\_
6. Band or First Nation \_\_\_\_\_
7. Status Number \_\_\_\_\_
8. What **original documents or certified copies** are you submitting to verify that this person was an ancestor?

- (*Your grandparent's*) Long Form Birth Certificate (with parents' names)
- Court order
- Marriage or name change certificate to link documents (if applicable)

9. If you are not able to provide documents from the list above, please list what other documents or statutory declarations you are providing. You must provide a minimum of two other documents or statutory declarations. Note that the Enrolment Committee may require more than two.

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10. Is or was this ancestor a Tsawwassen Member?  Yes  No

The Registrar will check TFN membership records to confirm whether this ancestor was a Member. If this ancestor is in our records, you do not have to provide any further documentation. However, if this ancestor is not in our membership records, but you believe that he or she is/was a Tsawwassen Member or eligible for membership, you can submit documents or statutory declarations to support your application. If you are submitting documents or statutory declarations to verify that this ancestor is/was a Member or eligible for Membership, please list them below:

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### **3.2.4. Additional Ancestry Information (Optional)**

Although we only ask for the names of three ancestors in this section, we know that many applicants will have ancestry that goes even further back, or that follows more than one ancestral line. We would like to keep our records as complete as possible. If you would like to provide any additional information or documentation about your ancestry for Tsawwassen records, we invite you to provide that information below.



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#### 4. ENROLMENT IN ANOTHER ENTITY

In accordance with section 34 of the Tsawwassen *Membership Act*, individuals are **not** entitled to be enrolled as Tsawwassen First Nation Members if they are currently members of another First Nation or indigenous entity as defined in the Act, either in Canada or in other countries.

If you otherwise meet the Tsawwassen eligibility criteria and you are presently enrolled in one of the entities listed in section 34, we will process your application, but you may be eligible to be enrolled as a Tsawwassen Member only after you withdraw from that other entity.

1. Are you a member of another First Nation, Metis or Inuit group that is a signatory to a treaty?  
 YES or  NO. If Yes, name of the other group: \_\_\_\_\_
  
2. Are you enrolled under another land claims agreement in Canada?  YES or  NO.  
If Yes, name of the other land claims agreement: \_\_\_\_\_
  
3. Are you enrolled on an Indian Act band list (other than Tsawwassen First Nation)?  YES or  NO.  
If Yes, name of the band: \_\_\_\_\_
  
4. Are you a member of an indigenous group outside of Canada which provides benefits to its members and includes, without limitation, American Indian tribes and Alaska Native entities?  YES or  NO.  
If Yes, name of the group: \_\_\_\_\_
  
5. If you answered NO to all the questions 1 through 4 in this section, **skip to question 6.**  
If you answered YES to any of the questions 1 through 4 in this section, are you prepared to withdraw from enrolment/membership in the other entity in order to enrol as a Tsawwassen Member?  
 YES or  NO
  
6. Are you registered as a Status Indian under the Indian Act in Canada?  YES or  NO.  
If Yes, what is your Status Number: \_\_\_\_\_



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## 5. DECLARATION FOR ADULT APPLICANT

### ***Must be signed by applicant and a witness***

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

For the purpose of determining my eligibility for Tsawwassen First Nation Membership under sections 4 and 34 of the Membership Act, I \_\_\_\_\_, authorize Tsawwassen First Nation  
Name of applicant  
to contact other indigenous groups in Canada, the United States and other countries to ascertain my membership or enrollment status in those entities or groups (including, without limitation, Canadian First Nations and Indian Bands and American Tribes).

I further authorize all indigenous groups in Canada, the United States and other countries (including, without limitation, Canadian First Nations and Indian Bands and American Tribes), to share any membership or enrollment information they have about me with Tsawwassen First Nation.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Applicant name (please print)

### **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)