



APPLICATION FOR MEMBERSHIP

Schedule "A"

Saulteau First Nations Membership Rules

Child(Children)

I, _____, hereby apply as parent/guardian on behalf of my child who is under the age of 18 years, for membership with Saulteau First Nations.

Name: _____

Date of Birth: _____

Band: _____

Registry No: _____

I wish to have my child to be under my Family Grouping of:

Courtoreille
Davis
Desjarlais
Gauthier
Napoleon

Current Mailing Address(of applicant or guardian)

Phone#: _____

Prov/State: _____

Postal Code: _____

Country: _____

I, _____, believe all answers herein to be true and accurate to the best of my knowledge. Email: _____

Signature _____

Date: _____

Proudly determined