



Woodland Cree First Nation

General Delivery Cadotte Lake, Alberta T0H-0N0
Phone: (780) 629-3803 Fax (780) 629-3898

MEMBERSHIP APPLICATION

Section 3.4 (b)

In accordance with the Woodland Cree First Nation #474 Membership Code under Section 3.4 (b) we hereby apply for the minor child to become a member of the Woodland Cree First Nation #474 (WCFN)

Child's Name _____ / _____ / _____
Date of birth (*attach birth certificate)

Indian Registration Number 474 _____ **Other: _____

Who is in custody of the child? _____

Check one of the following: Biological Parent(s) _____ Legal Guardian/Adoption: _____ Custom Adoption _____

Member Parent's Name: _____

Registration Number: 474 _____ Category: _____ DOB _____ / _____ / _____

Signature: _____ Date: _____

Witness by WCFN Employee or WCFN Council Member: _____

Or Woodland Cree #474 Elder: Print Name: _____ Sign: _____

Non-Member Parents Name: _____

Registration Number: 474 _____ Category: _____ DOB _____ / _____ / _____

Signature: _____ Date: _____

Witness by WCFN Employee or WCFN Council Member: _____

Or Woodland Cree #474 Elder: Print Name: _____ Sign: _____

Address of custodian(s) _____

Province: _____ Postal Code: _____

Phone#: _____ Cell#: _____

*long form birth certificate is proof of parentage (copy accepted)

**complete transfer process required before voting-in date