



Cowichan Tribes

5760 Allenby Road Duncan, BC V9L 5J1
Phone: 250.748.3196 Fax: 250.748.1233

OFFICE USE ONLY

Section 5(1) _____

Section 5(2) _____

Section 5(3) _____

Schedule "B"

Application for Membership (Cowichan Tribes Membership Rules)

1) I, _____,
Print Full Name

hereby apply for membership in Cowichan Tribes.

OR

2) I, _____,
Print Full Name

hereby apply as parent/guardian on of the applicant who is under 18 years.

3) _____
Full Legal Name of Applicant

Birth date (Year/Month/Day) of Applicant

() _____
Phone Number

Street Address of Applicant/Guardian

City, Province

Postal Code

Band Number

Former Band Number (If applicable)

4) _____
Name of Spouse (If applicable)

Spouse's Band & Band Number

5) _____
Name of Father

Father's Band & Band Number (If applicable)

Name of Mother

Mother's Band & Band Number (If applicable)

Mother's natural father (Maternal)

6)

Father's natural father (Paternal)

Name of grandfather

Band & Band Number of grandfather (If applicable)

Mother's natural father (Maternal)

Father's natural father (Paternal)

Name of grandmother

Band & Band Number of grandmother (If applicable)

7) Attach proof of Indian Status and one of the following:

a) Long form birth certificate; or,

b) Provincial marriage certificate or Cowichan custom marriage certificate; or,

c) Court adoption order or affidavit of custom adoption by adopting parent; or,

d) Other proof of decadency from a Cowichan ancestor.

8) If the application is on behalf of a child of an Inter-Band marriage, both parents of that child must agree in writing to the registration. Complete the Consent to Register form provided at the bottom of this page.

9) If the applicant is a member of another band, attach Undertaking to Withdraw (Schedule "C").

10) If applying under **PART III, SECTION 5**, the applicant must demonstrate that he has a lot available if he intends to live on the Cowichan Reserve. Please provide information. (If someone is giving/selling you land, a letter from him/her must be provided).

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

Signature

Date (Year/Month/Day)

Consent to Register

To be completed only if applying for Band Membership for a child of an inter-band marriage.

We, the parents of _____
Full Legal Name of Child

hereby consent to his/her registration as a member of Cowichan Tribes.

Signature of Mother

Date (Year/Month/Day)

Signature of Father

Date (Year/Month/Day)