



# MEMBERSHIP APPLICATION

Town Centre  
P.O. Box 20021  
Stephenville, NL  
A2N 3R8  
Phone: (709) 643-6555



**Fees:**

- Resident of Newfoundland & Labrador - \$10 -- Non-resident fee - \$25.
- Annual Renewal Fee for all members - \$10 (This fee is temporary)
- All fees must be included with your documentation and photo. Application fee includes a photo identification card

*(Please complete and mail the following form to the address above)*

Resident of Newfoundland & Labrador: Yes\_\_\_ No\_\_\_

Living out of Province: Yes\_\_\_ No\_\_\_ If so, what Province: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.:(\_\_\_\_) \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_

Email: \_\_\_\_\_

Mi'kmaq ancestry is claimed from: Name \_\_\_\_\_

Children under 18 years (Must include baptismal record or long form birth certificate):

1. _____	_____	2. _____	_____
Date	Date of Birth	Date	Date of Birth
3. _____	_____	4. _____	_____
Date	Date of Birth	Date	Date of Birth

Family Members in KMA (if applicable):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Band #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Band #: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Education: High School: Yes \_\_\_ No \_\_\_ University: Yes \_\_\_ No \_\_\_ Yrs Attn. \_\_\_ Degree \_\_\_\_\_

**Certification (Please read carefully):**

I hereby certify that the above information is true and correct and that I fully support the objectives of the Ktaqmkuk Mi'kmaq Alliance (KMA) in obtaining equality with First Nation's Bands in Canada in benefits, programs and recognition (status). I further certify that I am not a member of any other aboriginal band or organization and that to do so will result in the cancellation of my membership rights in the Ktaqmkuk Mi'kmaq Alliance.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Bert Alexander, Chief – KMA

Additional Comments:

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