



GWICH'IN ENROLMENT BOARD

1-3 Council Crescent, PO Box 1509, Inuvik NT X0E 0T0
Ph: 867-777-7918 Toll Free 1-866-414-4670 Fax: 867-777-7919

APPLICATION FOR ENROLMENT IN THE GWICH'IN COMPREHENSIVE LAND CLAIM AGREEMENT

A This application is for: <input type="checkbox"/> A person eligible for enrolment pursuant to section 4.2.1 of the G.C.L.C.A. <input type="checkbox"/> A minor eligible for enrolment pursuant to section 4.2.1 of the G.C.L.C.A.	B The information on this form is provided by: <input type="checkbox"/> The applicant (i) <input type="checkbox"/> The parent or guardian of a minor child (j)
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C	Last Name			
	First Name		Middle Name(s):	
	Maiden Name		Original Family Name (if adopted):	
	Date of Birth (include copy of long-form birth certificate)	Month:	Day:	Year:
	Place of Birth			<input type="checkbox"/> Male <input type="checkbox"/> Female
D	Address			
	Community		Terr/Prov:	
	Postal Code	E-mail Address:		
	Ph:	2 nd Contact #:	Fax:	

E	Indicate whether you are a registered member of a Band or a Métis Local in a community within the Gwich'in Settlement Area (G.S.A.):
	<input type="checkbox"/> Gwich'in (<i>Indian Act</i>) Band (Name of Band): <input type="checkbox"/> Métis Local (Community & Local #): <input type="checkbox"/> Neither:
	Indicate (if applicable) whether you are presently enrolled in any other Comprehensive Land Claim Agreement:
	<input type="checkbox"/> Inuvialuit <input type="checkbox"/> Sahtu <input type="checkbox"/> Yukon <input type="checkbox"/> Inuit <input type="checkbox"/> Other:

F	Which community would you like to be associated with?
	<input type="checkbox"/> Tsiigehtchic <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Aklavik <input type="checkbox"/> Inuvik

Please complete as much of the following as you can: where information is not known, please indicate as such. Indicate each relative's ethnicity, e.g. Gwich'in, Slavey, Cree, etc. Metis, Inuvialuit, Inuit, Non-Native, or Other (specify).					
G			Mother	Grandmother	Grandfather
	Last Name				
	First Name				
	Maiden name				XXXXXXXXXXXXXXXXXXXXXXXXXX
	Place of Birth				
	Date of Birth (M-D-Y)				
	Ethnicity				
Enrolment #					
H			Father	Grandmother	Grandfather
	Last Name				
	First Name				
	Maiden name		XXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXX
	Place of Birth				
	Date of Birth (M-D-Y)				
	Ethnicity				
Enrolment #					

I	<i>I declare that I am a Canadian citizen; a Gwich'in as described in section 4.1.1 of the Gwich'in Comprehensive Land Claim Agreement; I am the age of majority; I am eligible for enrolment under section 4.2.1 of the G.C.L.C.A.; and I wish to be enrolled under the G.C.L.C.A.</i>	
	_____ Applicant Signature Date (M-D-Y):	_____ Witness Signature Witness (print name):
J	<i>I declare that I am making this application on behalf of a minor for whom I am a parent or legal guardian.</i>	
	_____ Signature Date (M-D-Y):	_____ Witness Signature Witness (print name):

For Gwich'in Enrolment use only	
Date Received (M-D-Y)	Date Processed (M-D-Y)
Date Reviewed	Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Enrolment:	Enrolment #