



GWICH'IN ENROLMENT

Chief Jim Koe Zheh, 1-3 Council Crescent, PO Box 1509, Inuvik NT X0E 0T0
Ph: 867-777-7900 | Toll Free: 1-866-414-4670 | Fax: 867-777-7919

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

A This form is for: <input type="checkbox"/> a person eligible for enrolment pursuant to section 4.2.1 of the <i>GCLCA</i> . <input type="checkbox"/> a minor eligible for enrolment pursuant to section 4.2.1 of the <i>GCLCA</i> .	B The information on this form is provided by: <input type="checkbox"/> the Participant <input type="checkbox"/> the parent or guardian of a minor child <input type="checkbox"/> a family member <input type="checkbox"/> a Designated Gwich'in Organization
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C	Last Name				
	First Name		Middle Name(s):		
	Maiden Name		Original Family Name (if adopted):		
	Date of Birth (if month or date not known, put 00)		Month:	Day:	Year:
	Place of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Health Care #		Social Insurance #		

D	Mail Address		
	Community		Prov/Terr:
	Postal Code	E-mail Address:	
	Phone:	2nd Contact #:	Fax:

E	Indicate whether you are on an <i>Indian Act</i> Band or Métis Local membership list in a community within the Gwich'in Settlement Area (mark any box which applies to you):		
	<input type="checkbox"/> <i>Indian Act</i> Band (indicate community): _____		
	<input type="checkbox"/> Treaty #: _____		
	<input type="checkbox"/> Métis Local (indicate community): _____		
<input type="checkbox"/> Applied for status under Bill C-31			
Indicate – if applicable – whether you are presently enrolled in any other comprehensive land claim:			
<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 (Arctic Red River)	<input type="checkbox"/> Tetlit Zheh (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. Dene (Gwich'in, Slavey, Cree, etc.), Inuvialuit, Inuit, Metis, Non-Native, or Other (specify).

G		Mother	Grandmother	Grandfather
	Last Name			
	First Name			
	Maiden name			
	Place of Birth			
	Date of Birth (M-D-Y)			
	Ethnicity			
	Enrolment #			
H		Father	Grandmother	Grandfather
	Last Name			
	First Name			
	Maiden name			
	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 GCLCA; and I wish to be enrolled under the GCLCA.</i>	
	_____	_____
	Applicant Signature	Witness Signature
	Date (M-D-Y):	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	Witness Signature
	Date (M-D-Y):	Witness (print name):

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

Copy – Data Entry | Copy - Applicant