



OTTAWA ALGONQUIN FIRST NATION

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MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

PRINT CLEARLY & COMPLETE EACH SECTION

Name of Applicant:

_____ Last First Middle

Street: _____ City: _____

Prov: _____ Postal Code: _____

Phone: () _____ Work: () _____ E-mail _____

Date of Birth ____/____/____ Sex: ____ Eye Colour: _____ Height: _____
month day year

Weight: _____ Hair Color: _____

Other discernible features (scars, birthmarks, amputation ect;) _____

Aboriginal Origin: _____

Marital Status: Single Married Separated Divorced

Spouses Name: _____ Date of Birth ____/____/____
month day year

ABORIGINAL ANCESTRY

Maiden Name of Mother: _____ First _____ Middle: _____

Date of Birth: ____/____/____ Date deceased if applicable: ____/____/____
month day year month day year

Father: _____ Last First Middle

Date of Birth: ____/____/____ Date deceased if applicable: ____/____/____
month day year month day year

Maiden Name Maternal Grandmother: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Date deceased if applicable: ____/____/____
month day year month day year

Maternal Name Grandfather: _____ Last First Middle

Date of Birth: ____/____/____ Date deceased if applicable: ____/____/____
month day year month day year

Maiden Name Paternal Grandmother: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Date deceased if applicable: ____/____/____
month day year month day year

