

Sliammon First Nation Enrolment Application



Eligibility and Enrolment Committee

4885 A Highway 101
Powell River, BC
V8A 0B6

Phone: 604-483-4427

Toll Free: 1-877-483-4427

Email: reception@sliammontreaty.com

Website: www.sliammontreaty.com

Application Number

Application Name: _____



Sliammon First Nation

Eligibility & Enrolment Application

This is an application form for enrolment as a Sliammon Member under the Sliammon First Nation Final Agreement.

There are 5 pages in this application form. If you need assistance in completing this application, please contact the reception at (604) 483-4427 or toll free at 1-877-483-4427, or email reception@sliammontreaty.com. Parents or guardians may complete this application form on behalf of their minor children or individuals for whom they are legal guardians.

The information you provide in this application will be used to determine your eligibility to be enrolled as a Sliammon Member under the Final Agreement.

Your application will be assessed by the Sliammon Eligibility and Enrolment Committee based on the eligibility criteria set out in the Final Agreement.

You are entitled to be enrolled as a Sliammon Member under clause 2 of chapter 22 of the Eligibility and Enrolment chapter of the Final Agreement if you are:

1. Currently a Sliammon First Nation band member listed or entitled to be listed as a band member on the Sliammon First Nation band list as of the day before the Final Agreement comes into effect - this is called the “effective date”; **OR**
2. Of Sliammon ancestry through your mother or through your father; **OR**
3. Adopted under a law recognized in Canada, or under Sliammon First Nation customs, by an individual eligible to be enrolled under the Final Agreement; **OR**
4. A descendant of an individual eligible to be enrolled above.

All existing Sliammon First Nation band members are entitled to be enrolled and those applications will be approved by the Eligibility and Enrolment Committee. However, all existing band members **must** complete an enrolment application and submit it to the office in order to be enrolled.

NOTE: It is your responsibility to keep the Sliammon Treaty Society Office informed of your current address and personal information.



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Applications will be considered incomplete or denied if the following forms have not been filled out, or you have not attached the necessary documentation.

- General Information - pages 1-2
- Application – pages 3-4
- Documentation (attach photocopies) – page 5

All information that you provide in this application will be kept strictly confidential as provided under the Sliammon Final Agreement **Submitting an incomplete application or false statement may cause a delay in its determination and may result in its rejection.**

YOU MAY APPLY AT ANY TIME TO BE ENROLLED AS A SLIAMMON MEMBER UNDER THE FINAL AGREEMENT. IF YOU CHOOSE NOT TO ENROL, YOU WILL NOT BE ELIGIBLE FOR TREATY BENEFITS.

Please answer all the questions to the best of your ability and remember...

It is your responsibility to prove that you meet the enrolment criteria.

ALL INFORMATION RECEIVED BY MYSELF IN THE PROCESS OF PERFORMING MY ELIGIBILITY AND ENROLMENT DUTIES ARE SUBJECT TO CONFIDENTIALITY AND REMAIN THE PROPERTY OF THE SLIAMMON TREATY SOCIETY OFFICE. WITHOUT THE PRIOR WRITTEN AUTHORIZATION OF THE PERSON OF WHOM THE INFORMATION RELATES THE INFORMATION CAN ONLY BE VIEWED BY MYSELF AND ONLY BE USED FOR THE PURPOSE OF ELIGIBILITY AND ENROMENT.



APPLICATION FOR ENROLMENT IN THE SLIAMMON TREATY

TO ASSIST IN THE PROCESS YOU MAY FILL OUT THE FOLLOWING AND DELIVER IT TO TRISTA TOM-LEBLANC AT THE SLIAMMON TREATY SOCIETY OFFICE OR YOU CAN MAIL IT TO:

**Sliammon Treaty Society
4885 A Highway 101
Powell River, BC
V8A 0B6**

Legal Name _____

Birthdate (M / D / YR) _____

First Nation _____

Father _____ Mother _____

You can only be enrolled in one Treaty, are you enrolled in any other treaty?

Yes _____ No _____

Claiming Eligibility Under:

- a) _____ is of Sliammon ancestry.
- b) _____ was adopted by law or Sliammon custom by a person(s) of the Sliammon Band
- c) _____ a descendant of an individual of the Sliammon who is eligible for enrolment under (a) or (b).

SIGNATURE _____ (APPLICANT)

Children under the age of 18 years of age

1 _____

2 _____

3. _____

SIGNATURE OF PARENT OR GUARDIAN IF APPLICABLE

For Office Use Only

APPROVED _____ (SIGNED BY)

DENIED _____

APPROVED _____ (SIGNED BY E&E BOARD)

DENIED _____



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DOCUMENTATION

To complete this application, please list the documentation you are attaching to prove your identity and the facts relevant to the Sliammon Eligibility Criteria.

Please provide a photocopy of **at least one** or more of the following:

Type of Document	Issue Date On Document (mm/dd/yyyy)
Birth Certificate	
Status Card	
Drivers License	
BC Identification	

You may use the space below to provide any other documentation which is relevant to the Sliammon Eligibility Criteria that proves your identity (i.e. statutory declaration).



Sliammon First Nations

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**THE ENROLMENT OFFICE IS CURRENTLY SEEKING ADDRESSES
FROM THE SLIAMMON MEMBERSHIP**

**TO ASSIST IN THIS PROCESS YOU MAY FILL OUT THE FOLLOWING AND DELIVER
IT TO TRISTA TOM-LEBLANC (E & E COORDINATOR) AT THE SLIAMMON
TREATY SOCIETY.**

NAME: _____

ADDRESS: _____

PHONE: _____

Or I can be reached at 604.483.4427 / 1.877.483.4427. In addition, I can be reached via
email reception@sliammontreaty.com