



Individual Membership #
Date Received:
For office use only:

INDIVIDUAL MEMBERSHIP APPLICATION

Steps to Complete this Application

1. Completely fill in each section.
2. Include proof of residency (i.e., driver's license, bill, etc.)
3. Include proof of Indigenous Ancestry if available: i.e., photocopy of Treaty Status Card, Métis Card, Birth Certificate.
4. If no proof of Indigenous Ancestry is available, you may be asked to obtain confirmation via a Commissioner of Oath.
5. Sign and date the bottom of this application.
6. Applications and attachments can be emailed or mailed to:

Indigenous Congress of Alberta Association
Unit 201D, 11051 97 Street NW
Edmonton, AB T5H 2N2
E : membership@indigenouscongress.com
P: 780-699-1478

Individual Membership Info (check off)

<input type="checkbox"/> New	<input type="checkbox"/> Change of Address, Phone or Email Address
<input type="checkbox"/> Card Replacement	<input type="checkbox"/> Change of Name

Personal Information

First Name	Last Name				
Mailing Address					
Box/Unit Number	City	Province	Postal Code		
Home Address (if different than above)					
Box/Unit Number	City	Province	Postal Code		
E-mail		Phone			
Maiden Name	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer Not to Disclose
Date of Birth	Month/Day/Year	Place of Birth	Age		
Are you the head of household?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you live on reserve?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of Minor Dependents		Number of Individuals in your Household			
What is your current occupation?					

Self-Identification (check off)

Check off the self-identification(s) that applies to you from the following:					
<input type="checkbox"/> First Nation Status	<input type="checkbox"/> First Nations Non-Status	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit		
Are you currently a member of a First Nation / Inuit Community or Metis Organization?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, with whom do you have membership with?					
Check off: <input type="checkbox"/> I recognize that, should my membership with any other Indigenous organization be impacted in any way due to my joining the ICAA, the ICAA is not to be held liable.					

How did you hear about the ICAA Individual Membership?

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Please indicate what issues or areas of concern you would like the ICAA to focus its attention on, for yourself and your community.

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Oath of Indigenous Ancestry

- I, [print first and last name], make a declaration that I am an Indigenous person as confirmed within Section 35 of the Constitution of Canada 1982, as follows: 35. (2) In this Act “Aboriginal Peoples of Canada” includes the First Nation, Inuit, and Métis peoples of Canada.
- I declare that I am:
 - First Nations Status
 - First Nation Non-Status
 - Métis
 - Inuit
- I believe and claim as Indigenous Peoples we have the inherent right to self-determination, and rights to: land, harvesting, hunting & fishing, to practice our Indigenous traditions and culture, and to the pursuit of justice and happiness for our people, our families, and for ourselves.
- I make the declaration that I have chosen to join ICAA as the recognized Provincial Affiliate of the Congress of Aboriginal Peoples (CAP), and recognize the work being done to champion all Indigenous Peoples in achieving our collective goals, objectives, and aspirations.
- I pledge to respect, assist, and honour my Sisters and Brothers in a common cause.
- I pledge to follow the laws, policies and regulations established by the ICAA and the CAP, as amended from time to time by the Annual General Assembly of both ICAA and CAP.
- I pledge to actively participate, to the best of my capacity, in scheduled meetings and deliberations as requested. I will participate in this process in a respectful and honourable manner.
- I swear that all the information provided by me in this membership application is true and correct and I understand that it is an offence to make fraudulent and misrepresenting statements. I understand that this is a formal document of the Indigenous Congress of Alberta Association and may be used in a court of law if required to defend and champion our collective rights.

Signature

Permission

Would you like the ICAA to keep you informed on our events and activities going forward? Yes No

By signing below, I, [print first and last name], give permission for my name and membership number to be shared with the national office of the Congress of Aboriginal People (CAP) and for reporting purposes to ICAA funders.

Month/Day/Year

Applicant Signature

Date of Application

Individual Membership Attachments:

Check off one of the following. Note: applications will be considered incomplete without the submission of application attachments.

I will be mailing my proof of residency, proof of Indigenous Ancestry, or statement as signed by a commissioner of oaths to Unit 201D, 11051 97 Street NW, Edmonton, AB, T5H 2N2

I will be mailing my proof of residency, proof of Indigenous Ancestry, or statement as signed by a commissioner of oaths to membership@indigenouscongress.com