

5) Is this applicant a transfer form another Band?

Yes, \_\_\_\_\_ No \_\_\_\_\_

If yes, which Band? \_\_\_\_\_

6) Does applicant agree to probation of 3 years as a resident of Peguis to acquire knowledge, lifestyle and way of life of the community of the Peguis Indian Reserve?

Yes, \_\_\_\_\_ No \_\_\_\_\_

7) Does applicant agree to be a loyal member of Peguis and follow the way of life consistent with the community and can provide evidence of cultural ties and familiarity with the history and custom of Peguis?

Yes, \_\_\_\_\_ No \_\_\_\_\_

Explain and include necessary proof: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8) If applicant is a member of another Band, does the applicant agree to renounce such membership upon admission to the Peguis Band and recognize the admission is conditional upon such renunciation (assuming the probation period has been met).

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ agree to be loyal, law-abiding citizen of the Peguis Reserve and I make this application in a truthful manner and will make full disclosure of any questions asked by the committee.

Signature: \_\_\_\_\_

Parents Signature for child who is under 18 years of age.: \_\_\_\_\_

Date: \_\_\_\_\_

\*ID required

**APPLICATION FOR MEMBERSHIP  
PEGUIS INDIAN BAND**

1) Full Name of Applicant: \_\_\_\_\_  
Maiden Name (if applicable): \_\_\_\_\_  
Treaty Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

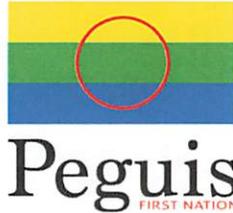
Telephone Number: \_\_\_\_\_  
Former Band and Number: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_

2) Name of Father: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Band & Band Number: \_\_\_\_\_

3) Name of Mother: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Band & Band Number: \_\_\_\_\_

4) Name of Paternal Grandfather: \_\_\_\_\_  
Name of Paternal Grandmother: \_\_\_\_\_  
Name of Paternal Great-Grandfather: \_\_\_\_\_  
Name of Paternal Great-Grandmother: \_\_\_\_\_

Name of Maternal Grandfather: \_\_\_\_\_  
Name of Maternal Grandmother: \_\_\_\_\_  
Name of Maternal Great-Grandfather: \_\_\_\_\_  
Name of Maternal Great-Grandmother: \_\_\_\_\_



Dear Applicant,

**RE: APPLICATION FOR BAND MEMBERSHIP**

As of 1985, Peguis First Nation became a Section 10 Band. This means that there are **two (2)** lists that the Band must maintain:

**1. REGISTRY**

This is where an individual receives their registration number (ex. 269 00000 01). This entitles individuals to health, prescription drugs, dental, vision (all these are determined by First Nations Inuit Health – FNIH, not your Band) and post-secondary benefits (based on availability of funds)

**2. BAND MEMBERSHIP**

This entitles an individual the right to vote in all matters pertaining to their First Nation. It also entitles an individual to live on reserve and housing on reserve (based on availability)

If you have young children that are registered with Peguis, please fill out one of these applications for each child. Once completed, please forward to the Peguis Band Office via mail, fax, or email:

Peguis Indian Band  
Attn: Leah McPherson  
P.O Box 10  
Peguis, MB R0C 3J0  
Fax: 204-645-4581  
Email: [PegBand.Membership@peguis.ca](mailto:PegBand.Membership@peguis.ca)

If you should have any further questions or concerns in regards to this matter please do not hesitate to contact the Membership Office at 204-645-2359 or toll free 1-866-645-2359 ext. 140.

Thank You,  
*PEGUIS FIRST NATION*

Leah McPherson  
Community Base Administrator/  
Band Membership Officer

/Enclosure