

Ratification Vote Application Form A: For Use By Band Members

If you have any questions regarding this application form please contact the Ratification Officer.

Section A – Personal Information of Applicant

1. Name of Applicant

_____	_____	_____
First Name	Middle Name	Last Name

2. Applicant Information

Date of Birth:	Treaty Status #:
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3. Contact Information of the Applicant

Mailing Address:

Email Contact:

Phone Number:

Do you consent to the release of your name and contact information to Black Lake First Nation, Fond du Lac First Nation and Hatchet Lake First Nation for the purposes of providing more information regarding the Athabasca Denesųliné Agreement (please check one box only):

- Yes
- No

4. Part E: Enrollment Under another Land Claim Agreement, Self-Government Agreement or other Band List?

Are you enrolled under another land claim agreement in Canada? (Please check one box only):

- No, I am not enrolled under another land claim agreement.
- Yes, I am enrolled under another land claim agreement.

If you selected “Yes”, you are not currently eligible to participate in this vote.

Are you enrolled under a Self-Government Agreement in Canada? (Please check one box only):

- No, I am not enrolled under a Self-Government Agreement.
- Yes, I am enrolled under a Self-Government Agreement.

If you selected “Yes”, you are not currently eligible to participate in this vote.

Is your name on a Band List, other than the Band List for Black Lake First Nation, Fond du Lac First Nation or Hatchet Lake First Nation?

- No, my name is not on a Band List, other than the Band List for Black Lake First Nation, Fond du Lac First Nation or Hatchet Lake First Nation
- Yes, my name is on a Band List, other than the Band List for Black Lake First Nation, Fond du Lac First Nation or Hatchet Lake First Nation

If you selected “Yes”, you are not currently eligible to participate in this vote.

5. Part F: Information Provided by Applicant

By signing below, I consent to the release of the information contained in this application to the Ratification Committee to verify my personal information and to determine my initial and continued eligibility to participate in the ratification vote. I also consent to the release of this application to the enrollment registrar for the purposes of enrolment should the Athabasca Denesųliné Agreement come into effect

6. Desired Manner of Obtaining a Copy of the Agreements

- I would like a physical copy of the Athabasca Denesųliné Agreement, the Legacy Agreement and all related documents.
- I would like a digital copy of the Athabasca Denesųliné Agreement, the Legacy Agreement and all related documents.

7. Should the Athabasca Denesųliné Agreement be successfully ratified (please check one box below):

- Yes, I authorize the enrollment registrar to enroll me under the Athabasca Denesųliné Agreement.
- No, I do not authorize the enrollment registrar to enroll me under the Athabasca Denesųliné Agreement.

Nothing precludes an individual from enrolling or withdrawing their enrollment at a later time.

Section C – Signature of Applicant

I certify that the information provided is, to the best of my knowledge, true, correct and complete.

_____ Print Name	_____ Signature	_____ Date
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Return this form to the Ratification Officer by email to the email address listed below.

Complete all information requested on this form. This form must be completed in full to avoid any delays in processing. The Ratification Officer may request additional information to process this application. The onus is on the Applicant to notify the Ratification Officer of any changes to the information requested on this form.

WHEN COMPLETED, PLEASE
RETURN VIA EMAIL TO:

Ratification Officer
Email: ADRatification@adnlc.ca