

Dear Applicant:

Thank you for expressing an interest in becoming a member of the NunatuKavut Community Council (NCC). There are two categories of membership: Full Member – Resident and Full Member – Non-Resident.

A Full Member is defined as a person of Inuit descent who is ordinarily a resident in one of the designated areas of Labrador (six months or more) and will be entitled to all of the rights, benefits and privileges (NCC) and cannot be a full member in any other Indigenous organization.

A Full Member – Non-Resident is a person of Inuit descent who does not live in any of the designated areas of Labrador, but maintains contact with members living in any of the designated areas and cannot be a full member in any other Indigenous organization.

It is important that all sections of the application form are filled out. An incomplete application cannot be considered by the Citizenship Committee and may be returned to the applicant. Please include the following:

- Copy of a piece of identification, such as a driver's license, passport or school ID;
- A long form copy of your birth certificate **OR your short form birth certificate combined with a baptism certificate**;
- Confirmation of your current residency, such as a driver's license or old phone/hydro bill, must be included with the application;
- A digital photo (taken from the waist up, against a light background in Landscape) is required to prepare a photo ID membership card; it is necessary to have this photo in a good quality digital format. You can submit the photo with your application, through email or have it taken at your nearest NunatuKavut office.

Please note we do not require original copies of supporting documents (photocopies are strongly encouraged). Applications may be scanned & emailed, faxed, dropped off or mailed.

If you have any questions or concerns, or require assistance with the application process, please contact me at 709-896-0592, ext. 242 or by email at membership@nunatukavut.ca.

Sincerely,



Sonya Blake
Citizenship Administrator

Enclosure(s)

Application for Membership

Please Print Clearly

Membership Type: Resident Non-Resident

Section A: Personal Information *(please provide legal name)*

Title (Mr/Mrs/Ms)	First Name	Middle Name	Last Name		
Maiden Name (if applicable)		Provincial Health Card # (e.g MCP)	DOB Month	Day	Year
P.O. Box	Street Address	City/Town		Province	Postal Code
Place of Birth		Home Community at Birth	Place of Permanent Residence		Length of Residency
Home Phone #	Cell Phone #	Work Phone #	Email Address		

Are you currently a full time student:	Yes	No	(If yes, please provide proof, i.e. student ID)
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Section B: Spousal Information

Spouse's Last Name at Birth	Spouse's Given Name(s)	Date of Marriage	Place of Marriage
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Section C: Connection to the Land

To which designated area(s) of Labrador are you most closely connected? (Check all that apply)			
Straits	South-Eastern	Central	Western

Please explain your ties to the land, community or people in any of designated areas.

Please provide the names of two NunatuKavut members living in the designated area to whom you are related.

Name:	Community:
Name:	Community:

Please provide the names of two people living in the designated area who can confirm your connection to this region (different from the two names previously given).

Name:	Community:
Name:	Community:

Which of your ancestors listed on the following page have Inuit ancestry? Please provide any supporting documents that you may have. (Leave blank if unknown)

Section D: Application Checklist

Digital Photo: Emailed Included Taken by NunatuKavut	Identification: Driver's Licence OR Other Documentation	Proof of Residency: Driver's Licence OR Other Documentation	Photocopy of the following documents: Long-Form Birth Certificate OR Short-Form Birth Certificate AND Baptism Certificate
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*Please note photo is not required for applicants under the age of 12.

Declaration:

I hereby confirm that I am not a member of any other provincial or territorial Indigenous association(s).

I understand that as a citizen of NunatuKavut, I shall be bound to the best of my ability, to further the objectives, interests and influences, and shall observe the Citizenship Law of NunatuKavut Community Council.

I certify that to the best of my knowledge, the information given on this application is true.

Applicant Signature

Date

Guardian Signature (if applicant is under the age of 16)

Date

Applications (with supporting documents) may be scanned & emailed OR faxed OR dropped off OR mailed

to: NCC – Citizenship Administrator
P. O. Box 460, Station C – 200 Kelland Drive
Happy Valley-Goose Bay, NL A0P 1C0

Email: membership@nunatukavut.ca
Fax: 709-896-0594



Application for Membership

Father's Family Tree

Father:
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandmother
Given Name: _____
Maiden Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____

Great-Great-Grandfather
Given Name: _____
Last Name: _____
Birth Date: _____
Birth Place: _____
Date & Place of Death: _____



Application for Membership

Mother's Family Tree

