** KESPU’KWITK MÉTIS COUNCIL**

*368 Main Street, Lovitt Plaza, Suite 221*

*Yarmouth, Nova Scotia B5A 1E9*

*Email:* *kmcmetis@gmail.com* *Website: www.kmcmetis.ca*

*Office Phone: 902-742-6591*

 **APPLICATION FORM**

**Applicant’s Information FOR OFFICE USE ONLY: KM# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name *(if applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First & Middle Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town/City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code \_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_**

 **Day Month Year**

**Telephone- Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children Under the Age of 12:**

If you have children under the age of 12 who would like to apply for their membership cards, please list their names and birth dates below and attach a copy of a **long-form birth certificate** or **baptismal certificate** showing the names of their parents.

**Note:** Children who are 12 years or over must complete a separate application.

***Family Name*** ***Given Names***  ***Birth Date***

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**If you are related to a current member of the Kespu’kwitk Métis Council, please supply the following:**

**Name of current member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to you: (i.e., parent, brother, cousin, uncle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KMC Card Number of that member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***All applicants should know that***

1. Acadian Métis are not exempt from sales tax or income tax.
2. Acadian Métis have no recognized aboriginal hunting or fishing rights.

**REQUIRED DOCUMENTS**

1. **Genealogical Documentation**

A **certified genealogy** demonstrates that you have Indigenous ancestry. You can obtain this genealogy either by using Kespu’kwitk Metis Council’s genealogist, at a cost of $20 **OR** through le Musée des Acadiens des Pubnicos (who also charge $20). Le Musée can be reached at 902-762-3380. Please contact the office (902 742 6591) if you would like the KMC genealogist to complete your certified genealogy.

1. **Proof of Relationship to Parents**

KMC requires documentation that shows your relationship to the parent(s) whose lineage leads back to an Indigenous ancestor. You may send either a copy of your **long-form birth certificate or a copy of a baptismal certificate.**

1. **Photo for Membership Card**

You will need to provide an original (i.e., not copied from any government document) **headshot photo** for your membership card. This can be taken on a cell phone. Your photo can be emailed to us along with your completed application and documents (kmcmetis@gmail.com). If you choose to, you may mail a current headshot photo or passport photo to the office, along with your completed application.

1. **Payment**

A payment of **$40** for each applicant should accompany your application. You may send this amount by E-transfer using the email address kmcmetis@gmail.com or you may mail or drop off a cheque payable to: **Kespu’kwitk Métis Council** to the office at **368 Main Street, Suite 221, Lovitt Plaza, Yarmouth NS B5A 1E9**. Cash is accepted in person.

The KMC thanks you for your support of our organization. **Please ensure that you have included all the required documents and payment with your completed application**. You may email your application to kmcmetis@gmail.com or mail it to Kespu’kwitk Metis Council, 368 Main Street, Suite 221, Lovitt Plaza, Yarmouth NS B5A 1E9.

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**APPLICANT’S SIGNATURE**

 **\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

 **Day Month Year**