



APPLICATION FOR MEMBERSHIP WITH THE NATIVE ALLIANCE OF QUÉBEC INC. (NAQ)

Applicants for membership with the Native Alliance of Québec Inc. (NAQ) must provide all necessary documents requested to complete the application process.

IMPORTANT: NAQ IS NOW EXPERIENCING DELAYS BETWEEN 6 AND 8 MONTHS IN THE PROCESSING OF NEW APPLICATIONS FOR MEMBERSHIP

1- Status Indians who reside permanently off-reserve:

- A) Passport photo in colour (Note that we accept a good quality photo taken with a cell phone).
- B) Copy of your Status Card which proves that you are registered with Indian and Northern Affairs Canada as well as the certification letter received with your status card.
- C) Copy of your birth certificate with your parents' names.

2- Non-Status Indians who reside permanently off-reserve:

- A) Passport photo in colour (Note that we accept a good quality photo taken with a cell phone).
- B) Copy of your parent's or grandparent's Status Card.
- C) Copies of all birth, marriage, or death certificate required to prove direct lineage to the aboriginal ancestor (Certificates must contain their parents' names).
- D) Copy of your birth certificate with your parents' names.

3- Non-Status Aboriginal Person:

- A) Passport photo in colour (Note that we accept a good quality photo taken with a cell phone).
- B) Copy of your birth certificate with your parents' names.
- C) Parents' birth, marriage or death certificate required to prove direct lineage to the aboriginal ancestor (Certificates must contain their parents' names).
- D) Complete Genealogy and family tree, all certificates are required to prove the direct link to an Aboriginal ancestor.

NOTE: Original certificates stamped with an official seal are accepted. However, we also accept copies of the certificates. You must ensure that the official seal is visible on the copy and that the certificates have not been modified or tampered with, if not, your application will be automatically rejected.

- 4- All membership applications must be presented via the NAQ's communities, signed by the membership revision committee, and sent to the NAQ's head-office by the communities.**

NOTE: All membership applications sent directly to the NAQ's head-office will be refused and returned to the applicant. (Visit our website at www.aagnaq.com to find out which community is closest to your residence).

All applications must be in conformity with the rules and regulations of our Nation's Citizenship Code.

Date of application: _____ **Applicant signature:** _____

NATIVE ALLIANCE OF QUÉBEC INC. MEMBERSHIP FEES

1. The membership application fee for all the members is 49.00\$. Please send your application with all the required documents and your payment to the community that is the closest to your address of residence. This amount is not reimbursable as it is the administration fee to open the applicant's file.
2. All members must pay an annual membership fee to their respective community. The membership fee to be paid is as follows:
 - a. From 0 to 64 years old: 25.00\$ per year (please pay your community)
 - b. From 65 years of age and over: 15.00\$ per year (please pay your community)
3. Card replacement fees - The cost for a card replacement for a lost, stolen or destroyed card is as follows:
For all members: 10.00\$ for the replacement
4. Community transfer requests:
The member who wishes to transfer to another community must fill out the transfer form and send to his community. All membership dues must be paid to the community before the transfer is approved.
5. Request for a file copy:
The fee for photocopying members' files / genealogy is 25.00\$ per copy. If an applicant wishes to use another member's genealogy with his application, he must pay a fee of 25.00\$ if a paper copy is requested. There is no fee if the copy is sent by e-mail. Note that the form entitled Third party authorization for the use of a personal file, must be filled out prior to using another members' file. You can find this form on page 3 of this document
6. Membership expiration date and renewal requests:
Please note that all membership cards expire after 5 years. The member who wishes to renew his membership card must pay all past membership fees to his community. A new photo must be sent, along with the renewal form that can be found on the NAQ website.

VERY IMPORTANT NOTICE, FOR MORE INFORMATION PLEASE CONSULT THE NAQ WEBSITE AT THE ADDRESS WWW.AAQNAQ.COM UNDER THE MEMBERSHIP TAB. THERE YOU WILL FIND ALL THE INFORMATION PERTAINING TO THE MEMBERSHIP AND ALL FORMS REQUIRED TO COMPLETE YOUR REQUESTS.

**NATIVE ALLIANCE OF QUEBEC INC.****THIRD PARTY AUTHORIZATION
FOR THE USE OF A PERSONAL FILE****MEMBER INFORMATION:**

NAME	
CARD NUMBER	
NAQ COMMUNITY	

APPLICANT INFORMATION:

NAME	
DATE OF BIRTH	
RELATION TO THE MEMBER	

Date of application: _____

A. QUESTIONNAIRE – REGULAR MEMBER APPLICATION

1. Surname: _____ Given name: _____
2. Community N°: _____ Email : _____
3. Community Name: _____
4. Address: _____
5. City: _____ Province: _____ Postal Code: _____
6. Telephone number: _____
7. Date of birth (year/month/day): _____ Preferred Language: English / French
8. Sex: M _____ F _____
9. Your Aboriginal ancestry stems from:
 Father: _____ Mother: _____ Both: _____ (If yes, provide documentation for both lineage)
10. Please identify from which group your Aboriginal ancestry stems from:
 Status: _____ Non-Status: _____ Inuit: _____ Aboriginal: _____
 If you are Status please provide Band N° and Nation name: _____
11. If you are a Non-Status Indian, please provide the name of the Nation to which you are linked:
 Nation: _____
12. What documents are you providing as proof of Aboriginal Ancestry: _____
13. If you are Non-Status or Aboriginal, identify your ancestors' Nation: _____
14. Please provide the full name of your Aboriginal or Non-Aboriginal Spouse: _____
15. REFERENCE (Contact person)
 Name: _____ Phone number: _____
 Email: _____

RESERVED TO THE COMMUNITY AND THE PROVINCIAL HEAD-OFFICE:


	VERIFICATION	
	Community	Provincial
1. Questionnaires A, B, C, D completed;	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2. Documents and proof of ancestry;	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
3. Membership Committee Signature;	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
4. Passport photo, identified and certified by the Revision Committee;	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
5. Application Fee.	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

Verified by: _____
 (Community)

Verified by: _____
 (Provincial)

B. IDENTIFICATION

YOUR PHOTO
MAX 2 x 2 ¾



PLEASE ATTACH A PASSPORT PHOTO IN COLOUR (2 x 2 ¾) AND PROVIDE A CLEAR SIGNATURE, IN BLACK INK, IN ONE OF THE ABOVE RECTANGLES. DO NOT CROSS OR TOUCH THE LINES.

MANDATORY SIGNATURE



By signing this membership application, I confirm that I am not a member of any other organization, group or native association in Quebec or outside Quebec.



By signing this membership application, I authorize the Native Alliance of Québec Inc. to use the information included in my file if it can be used by other new members.

Yes

No

Applicant's Signature

Date (Year/Month/Day)

C. QUESTIONNAIRE – REGULAR MEMBER (CONT'D)

	NAME OF CHILDREN	DATE OF BIRTH (YEAR/MONTH/DAY)
1.		
2.		
3.		
4.		
5.		
6.		

Signature of Applicant

Date (year/month/day)



D.
BUTS ET OBJECTIFS DE
L'ALLIANCE AUTOCHTONE DU QUÉBEC
INC.

Notre association, fondée en 1972, vise à regrouper les Autochtones et les Indiens vivant hors-réserve du Québec et parler en leur nom. Bien que nous sommes de race amérindienne, nous ne sommes majoritairement pas considérés comme tel selon l'Acte Indien Fédéral.

- 1) Notre association vise la promotion et la défense des droits et intérêts des Autochtones et Indiens vivant hors-réserve au Québec;
- 2) Notre association veut obtenir la reconnaissance du peuple Autochtone et Indiens vivant hors-réserve, par tous les paliers du gouvernement et par les citoyens canadiens en général;
- 3) Notre association veut donner aux communautés locales les outils nécessaires pour assurer leur épanouissement individuel et collectif dans toutes les sphères d'activités économiques, sociales et culturelles du Québec;
- 4) Notre association travaille à l'égalité des chances pour tous, d'accéder à l'éducation, d'avoir des programmes scolaires répondant aux goûts et aspirations de nos jeunes;
- 5) Notre association travaille à l'égalité des chances pour tous, de pouvoir gagner sa vie décentement et cesser d'être du même coup dépendent des gouvernements;
- 6) Notre association travaille à l'égalité des chances pour tous de faire valoir, dans tous les aspects de vie personnelle et collective, sa fierté d'appartenir à la culture autochtone;
- 7) Notre association travaille à l'égalité des chances pour tous d'occuper un logement décent;
- 8) Notre association travaille à l'égalité des chances pour tous à la justice;
- 9) Notre association travaille à bâtir une organisation où chacun des Autochtones et Indiens vivant hors-réserve participera dans l'intérêt de la Nation à laquelle il est fier d'appartenir.

Conscient des buts et objectifs de l'Alliance Autochtone du Québec Inc., j'adhère à cette association et m'engage à respecter sa RÉGIE INTERNE et ses règlements. En outre, je m'engage à m'identifier comme Autochtone constamment, et de promouvoir dans toutes les occasions possibles, les Nations Autochtones et Indiennes hors-réserve du Québec.

 Signature du demandeur

 Date

 NOM EN LETTRES MOULÉES

 Numéro de membre



D.
AIMS AND OBJECTIVES
OF THE NATIVE ALLIANCE OF QUÉBEC
INC.

Our association, founded in 1972, aims to regroup the Aboriginal peoples and Indians living off-reserve in Québec and to speak on their behalf. Although of Amerindian ancestry, we are in majority not considered as such under the Federal Indian Act.

- 1) Our association aims at promoting and defending the rights and interests of the Aboriginal peoples and Indians living off-reserve in Québec.
- 2) Our association aims to obtain recognition for the Nations pertaining to the Aboriginal peoples and Indians living off-reserve by all levels of government and by Canadian citizens in general.
- 3) Our association aims at giving our communities the necessary tools to ensure their collective and individual developments in all spheres of economic, social, and cultural activities within the Province of Québec.
- 4) Our association aims to obtain equal opportunity for all to have access to education and to school programs answering the needs and aspirations of our youth.
- 5) Our association aims to obtain equal opportunity for all to earn a decent living and therefore cease to be dependent upon governments.
- 6) Our association aims to obtain equal opportunity for all to enforce, in the aspects of their personal and collective lives, their pride in their aboriginal cultures.
- 7) Our association aims to obtain equal opportunity for all to occupy a decent home.
- 8) Our association aims to obtain equality of treatment within the judicial system.
- 9) Our association aims to build an organization where every Aboriginal person or Indian living off-reserve will participate in promoting the interest of the Nations of which they are proud to belong.

Being fully aware of the aims and objectives of the Native Alliance of Québec Inc., I am applying as a member within the above-named organization and certify that I will respect its Constitution and By-Laws. And, furthermore, I certify that I will always identify myself as an Aboriginal person and promote, on all possible occasions, the Nations pertaining to the Aboriginal peoples and Indians living off-reserve in Québec.

 Signature of the applicant

 Date

 NAME IN BLOCK LETTERS

 Registration number

SOCIO-ECONOMIC QUESTIONNAIRE

EDUCATION

1- Level of Education completed?

- Elementary Studies
- High School Studies
- University Studies
- Other (Specify): _____

2- Would you like to continue your education?

- YES
- NO

3- If the answer is yes, in what field would you like to continue your education?

- Obtain a High School Diploma (D.E.S.)
- Obtain a College Degree (D.E.C.)
- Computers
- Obtain training in the Health field
- Obtain training in the Law field
- Other (Specify) : _____

4- Do you have special needs in regards to training?

- YES
- NO

EMPLOYMENT**5- Are you presently employed?**

- YES
- NO

6- If yes, please specify your current employment?

- Forest i.e. lumberjack
- Mining
- Industrial
- Office
- Education
- Medical
- Other (Specify) : _____

7- Is there more than one income in your household?

- YES
- NO

8- What is your household's salary range?

- Between 5 000 \$ and 10 000 \$ gross per year
- Between 11 000\$ and 15 000 \$ gross per year
- Between 16 000 \$ and 20 000 \$ gross per year
- Between 21 000 \$ and 25 000 \$ gross per year
- Between 26 000 \$ and 30 000 \$ gross per year
- Between 31 000 \$ and 35 000 \$ gross per year
- Between 36 000 \$ and 40 000 \$ gross per year
- 40 000 \$ and over yearly

9- What is your primary source of income?

- Full-time employment
- Part-time employment
- Seasonal work
- Self-employed
- Social Assistance
- Investment revenues
- Other (Specify) : _____

HOUSING

10-Do you currently own your home?

- YES
- NO

**11-If yes, how long have you owned your home?
_____year(s).**

12-What is the condition of your current home?

- Good
- Medium
- Poor

13-Does your residence need renovations?

- YES
- NO

14-Do you own any rental properties (Rooming houses etc...)?

- YES
- NO

15-Are you a tenant?

- YES
- NO

16-If yes, what percentage of your monthly income is designated for your rent?

- 0 to 10%
- 11 to 20%
- 21 to 30%
- 31 to 40%
- 41% and more

17-Do you require Aboriginal housing?

- YES
- NO

18-Do you have a physical disability which requires specific alterations to your home?

- YES
- NO

HEALTH

19-In your opinion, describe your health:

- Good
- Medium
- Bad

20-Do you suffer from any particular illness or disease?

- Diabetes
- Cardiac
- Other (Specify): _____

21-Do you have any disabilities?

- YES
- NO

22-Do you think there is a need for treatment programs for drug/alcohol and/or gambling? (Lottery games, etc...)

- YES
- NO

23-Do you believe in the healing properties of plants and herbal medicines?

- YES
- NO

TRADITIONAL ACTIVITIES

24-Do you practice any traditional activities such as trapping, hunting or fishing?

- YES
- NO

25-If you practice hunting activities, please specify which ones:

- Moose
- Deer
- Bear
- Partridge
- Geese
- Duck
- Caribou
- Other (Specify) : _____

26-If yes, for what purpose?

- Ancestral and/or survival reasons
- Sport
- Other (Specify) : _____

SPIRITUALITY AND CULTURE

27-Do you practice the traditional spirituality and culture of your ancestors?

- YES
- NO

Would you be interested in learning about the traditional spirituality and culture of your ancestors?

- YES
- NO