



## APPLICATION FOR MEMBERSHIP WITH THE NATIVE ALLIANCE OF QUÉBEC INC. (NAQ) APPLICANT'S QUESTIONNAIRE

**A person applying 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.
- B) Copy of your Status Card which proves that you are registered with Indigenous Services Canada as well as the certification letter received with your status card.
- C) Copy of your birth certificate with your parents' names (Long form).
- D) Your nation of origin and the number of generations (This information is provided on your certification letter – see above).

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

- A) Passport photo in colour.
- B) Copy of your parent's or grandparent's Status Card.
- C) Parents' 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 (Long form).

**3- Non-Status Aboriginal Person:**

- A) Passport photo in colour.
- 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 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](http://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 everyone is **49.00\$** no matter what age you are. Please send your application with all the required documents and your payment to the Native Alliance community that is closest to your address of residence. (See our website at [www.aagnaq.com](http://www.aagnaq.com) to find the nearest community). **The application fee is non-refundable, it is considered an administration fee for processing your file.**
2. For people who want to apply for membership with the Native Alliance of Quebec, but do not have a genealogy or don't know anyone who can prepare a genealogy, NAQ offers this service. Please fill out the questionnaire to this effect on **pages 8, 9 and 10** and follow instructions on the form. Requests for genealogy research are at the **cost of 195.00\$**. **Cheques or money-orders must be made to the order of Diane Aubry.** It is mandatory to send in an application for membership with the Native Alliance of Quebec, when requesting genealogy research. Exception to the rule, for existing members who requests a second genealogy research.
3. When your membership application has been approved, you will then have to pay an annual membership fee to your 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)**
4. Card replacement fees - The cost to replace a lost, stolen or destroyed card is as follows:  
For all members: **10.00\$** for the replacement.
5. Community transfer requests:  
The member who wishes to transfer to another community must communicate with the head office for more information.
6. Request for a file copy:  
The fee for a copy of a members' file / genealogy is **25.00\$**. A form must be filled out prior to using another members' file. You can find this form on **page 7 of this document**.
7. 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. You will need send to your community a new photo, along with the renewal form and all outstanding membership fees. All forms can be found on the NAQ website – [www.aagnaq.com](http://www.aagnaq.com).

**VERY IMPORTANT NOTICE, FOR MORE INFORMATION PLEASE CONSULT THE NAQ WEBSITE AT THE ADDRESS [WWW.AAQNAQ.COM](http://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.**

Date of application: \_\_\_\_\_

**A. QUESTIONNAIRE FOR APPLICATION TO BECOME A MEMBER OF NAQ**

1. Community N°: \_\_\_\_\_ Community Name: \_\_\_\_\_
2. Given name: \_\_\_\_\_ Surname (name given at birth): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
5. Telephone number: \_\_\_\_\_ Email : \_\_\_\_\_
6. Date of birth (year/month/day): \_\_\_\_\_
7. Sex: M \_\_\_\_\_ F \_\_\_\_\_ OTHER: \_\_\_\_\_ Preferred Language: English ☐ / French ☐
8. Name of parents: Father \_\_\_\_\_ Mother \_\_\_\_\_
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: \_\_\_\_\_
12. What documents are you providing as proof of Aboriginal Ancestry: \_\_\_\_\_
13. Please provide the full name of your spouse: \_\_\_\_\_
14. REFERENCE (Contact person)  
 Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**RESERVED TO THE COMMUNITY AND THE PROVINCIAL HEAD-OFFICE:**

	<b>VERIFICATION</b>	
	<b>Community</b>	<b>Provincial</b>
1. Questionnaires A, B, C, D completed.	<input type="text"/>	<input type="text"/>
2. Documents and proof of ancestry.	<input type="text"/>	<input type="text"/>
3. Membership committee signature.	<input type="text"/>	<input type="text"/>
4. Passport photo, identified and certified by the Revision committee.	<input type="text"/>	<input type="text"/>
5. Application fee.	<input type="text"/>	<input type="text"/>
6. File was opened in the Intranet platform by the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verified by: _____ (Community)	Verified by: _____ (Provincial)	

## B. APPLICANT QUESTIONNAIRE - 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.

☐ Yes

☐ No

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 applicants.

☐ Yes

☐ No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (Year/Month/Day)

**C. APPLICANT QUESTIONNAIRE – IDENTIFICATION OF YOUR CHILDREN**

	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 décemment 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 de l'adhérent

---

 Date

---

 NOM EN LETTRES MOULÉES

---

 Numéro de membre (Si applicable)
**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 (If applicable)

## AUTHORIZATION FROM A MEMBER TO USE A PERSONAL FILE IN ORDER TO PROCESS MEMBERSHIP FOR A NEW APPLICANT

### APPLICANT INFORMATION (THE PERSON WHO WISHES TO BECOME A MEMBER):

<b>NAME</b>	
<b>ADDRESS</b>	
<b>PHONE NUMBER</b>	
<b>DATE OF BIRTH</b>	
<b>RELATION TO THE MEMBER</b>	

### MEMBER INFORMATION (MEMBER WHO GIVES THE AUTHORIZATION TO USE A PERSONAL FILE):

<b>NAME</b>	
<b>REGISTRATION #</b>	
<b>NAQ COMMUNITY</b>	

### AUTHORIZATION:

I, the undersigned, (Name of member) \_\_\_\_\_ authorize the applicant, whose name appears above, to utilize my personal file and provide copy of my information for the applicant to complete his membership with the Native Alliance of Québec Inc.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: PLEASE NOTE THAT THERE IS A FEE OF 25.00\$ FOR THIS SERVICE.**

**NOTE: IF A MEMBER IS DECEASED, THE AUTHORIZATION CAN BE OBTAINED FROM THE EXECUTOR OF THE WILL, IN SUCH A CASE PROOF MUST BE PROVIDED WITH THE REQUEST FOR A COPY OF A PERSONAL FILE.**

**Genealogy Research Form**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_

Spouse's place of birth: \_\_\_\_\_

Name of children, their date of birth and place of birth: \_\_\_\_\_

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

**There is a cost of 195.00\$ for the genealogy research. Please make cheque or money-order payable to Diane Aubry.**



## Genealogy research form (Page 2)

You have to provide your birth certificate with your parents' names on it (long form).

Provide your parents' birth, marriage or death certificates with their parents' names on it.

Fill out the genealogy research questionnaire and make cheque or money-order in the amount of **195.00\$ payable to Diane Aubry.**

To request genealogy research, you must also apply to become a member of the Native Alliance of Quebec. Therefore, you must fill out the application form and make cheque payable to the Native Alliance of Quebec in the amount of **49.00\$ for your application.** Exception to the rule, for existing members who requests a second genealogy research, they don't need to fill out an application to become a member.

Return all documents with the payments to:

Native Alliance of Quebec  
21, Brodeur Street, Gatineau, QC  
J8Y 2P6

<b>Your Father</b>	<b>Your Mother</b>
Name :	Name :
Date of birth :	Date of birth :
Place of birth :	Place of birth :
Date of marriage :	
Place of marriage :	
Date of death :	Date of death :
Place of death :	Place of death :
<b>You paternal grandfather</b>	<b>Your paternal grandmother</b>
Name :	Name :
Date of birth :	Date of birth :
Place of birth :	Place of birth :
Date of marriage :	
Place of marriage :	
Date of death :	Date of death :
Place of death :	Place of death :

## Genealogy research form (Page 3)

<b>Your maternal grandfather</b>	<b>Your maternal grandmother</b>
Name :	Name :
Date of birth :	Date of birth :
Place of birth :	Place of birth :
Date of marriage :	
Place of marriage :	
Date of death :	Date of death :
Place of death :	Place of death :

If you need more space, please write here:

[illegible]

**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) : \_\_\_\_\_

<b>HOUSING</b>
----------------

**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

<b>HEALTH</b>
---------------

**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