

**Renfrew County and District Aboriginal Friendship Centre
464 Isabella St., Pembroke, ON K8A 4S8
Telephone: 613-735-8112 Fax: 613-735-4365
Email: bacintake@bellnet.ca**

FUTURE MEMBER:

We appreciate your interest in the Bonnechere Algonquin Community by applying for membership. Below are requirements for registration.

1. RCADAFRC Application Form
2. Baptismal or long form birth certificate
3. Notarization of Affidavit (Page 2 of Application)
4. Picture - this can be taken within the office, or you may supply us with a picture. (Passport photos are recommended, or a facing-forward picture with a solid background.)
5. Provide us with all necessary documents pertaining to your family tree. This demonstrates verification of line of heritage, i.e.
 - a. Marriage certificate of parents
 - b. Death certificates
 - c. Baptismal of parents, grandparents and/or great grandparents etc.
6. A Family Tree that clearly shows your Aboriginal Ancestry.
 - a. If you have a family member who is a member already, and you wish to use the family tree from their paperwork please bring permission from that member. It must be typed and signed by that member.
 - b. Furthermore, if that member is deceased the signed permission must be from the person who oversees that member's estate.

If you have any further questions, please do not hesitate to call, or email our office for assistance.

APPLICANT

SPOUSE

Last Name _____

Last Name _____

First Name _____

First Name _____

Middle Name _____

Middle Name _____

Date of Birth _____
(dd/mm/yyyy)

Date of Birth _____
(dd/mm/yyyy)

Gender: Male Female X

Address _____

City _____

Postal Code _____

Phone _____

Email _____

Marital Status

Single Married Common Law Separated Divorced Widowed

Dependants (Under the age of 18 - Please Fill in Date of Birth):

1. _____ 2. _____

3. _____ 4. _____

When a person applies for full Membership as an Aboriginal person, the following evidence may be presented to the B.A.C/B.M.A. in support of the application:

- Extended Baptismal Certificate
- Marriage Records
- Death Certificates
- Affidavits
- Census Records
- Birth Certificate/Other

If you currently have a family member registered at the B.C.A/B.M.A. please provide their name and registration number. (If you do not have their registration number, please just provide their names.

1. _____

2. _____

OFFICE USE ONLY - ABORIGINAL FAMILY NAME AND REGISTRATION NUMBER AT THE RCADAF

Indigenous Family Name

Registration Number

REFERRAL FORM

First Name and Last Name _____

Date of Birth: _____ Gender: Male Female X

Language: English French Other

Telephone number: _____

Home Address: _____

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Service | <input type="checkbox"/> Alzheimer/Dementia Overnight Services |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Diners Club/Wheels to Meals |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Home Maintenance and Repairs |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Security Checks/Reassurance Services |
| <input type="checkbox"/> Caregiver Support Services | <input type="checkbox"/> Information for Caregiver Support Services |
| <input type="checkbox"/> Volunteer Hospice Visiting Services | <input type="checkbox"/> Extended Respite Services |
| <input type="checkbox"/> Life Skills Service-ABI Outreach | <input type="checkbox"/> Aboriginal Support Services |
| <input type="checkbox"/> Home Help/Homemaking | <input type="checkbox"/> Foot Care |
| <input type="checkbox"/> Emergency Response Systems | <input type="checkbox"/> Life Skills Services Outreach/Disabled |
| <input type="checkbox"/> Intervention and Assistance Services | <input type="checkbox"/> Social Recreational Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Placement Coordination |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech-Language Pathology Services |
| <input type="checkbox"/> Dietetic Services | <input type="checkbox"/> Psychological Services - ABI |
| <input type="checkbox"/> Physical Palliative Care Education | <input type="checkbox"/> Pain and Symptom Management |
| <input type="checkbox"/> SHU (Supportive Housing) Program | <input type="checkbox"/> Services for the blind/Visually Impaired |
| <input type="checkbox"/> ABI (Acquired Brain Injury) Programs | <input type="checkbox"/> Services for persons/Acquired Hearing |
| Loss | |
| <input type="checkbox"/> HIV (AIDS) Programs | <input type="checkbox"/> Children's Treatment Centres and |
| Services | |
| <input type="checkbox"/> CTC - Occupational Therapy | <input type="checkbox"/> CTC - Physiotherapy |
| <input type="checkbox"/> CTC - Speech-Language Pathology | <input type="checkbox"/> CTC - Social Work |
| <input type="checkbox"/> CTC - Psychology | <input type="checkbox"/> CTC - Audiology |
| <input type="checkbox"/> CTC - Nursing | <input type="checkbox"/> CTC - Seating |
| <input type="checkbox"/> CTC - Orthotics/Prosthetics | <input type="checkbox"/> CTC - Augmentative Communication |
| <input type="checkbox"/> CTC - Recreation Therapy | <input type="checkbox"/> CTC - Medical Services |
| <input type="checkbox"/> Non-LTC Pay Equity | |

Do you have health coverage? If no coverage is available, is there anything needed by you in the list above? Yes No (Some prescription drug plans may be available).

AFFIDAVIT FOR PROOF OF ABORIGINAL ANCESTRY

I, _____ of _____ in the county of _____ wish to register my family tree and supporting records as proof of my Aboriginal Heritage. I make an oath and say upon this affidavit that I am of Aboriginal Ancestry and a member of an Aboriginal family.

Please follow either you Mother’s or Father’s Aboriginal Ancestry ONLY

(Your Name)

(Mother)

(Father)

(Grandmother) With Aboriginal Lineage

(Grandfather) With Aboriginal Lineage

(Great Grandmother) With Aboriginal Lineage

(Great Grandfather) With Aboriginal Lineage

(Great Great Grandmother) With Aboriginal Lineage

(Great Great Grandfather) With Aboriginal Lineage

WITNESS SIGNATURE
As a Member of BAC/BMA Native Community who is witnessing confirming The Native Heritage of this application

APPLICANT SIGNATURE
Sign only with a Notary or commissioner for taking this Affidavit.

NOTARY PUBLIC OR COMMISSIONER FOR TAKING AFFIDAVITS

(Please do not sign your signature until signed by a Notary or Commissioner)
Please Note: We require the signature of a witness who is known to the Community and a Notary Public or Commissioner for taking Affidavits.

AGREEMENT BETWEEN APPLICANT & BONNECHERE ALGONQUIN COMMUNITY

The applicant hereby makes an application for membership with RCADAFc on behalf of himself/herself/themself and his/her/their children. If the Chief of Board Members find any information contained in this application to be false or in any way untrue and it can be proven that there was an intent to defraud on the part of the applicant, the applicant may be subject to prosecution for fraud or misrepresentation, or at the very least will be denied membership with the RCADAFc. Should this application be accepted by the RCADAFc, the applicant, and/or his/her/their children on whose behalf the applicant has applied for membership abide by the Constitution and By-Laws of RCADAFc, as amended from time to time.

DATE

Applicant’s Signature

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DECLARATION

As an RCADAFRC Community member we would like your response regarding the development of the regional Friendship Center. Our board of Directors has met with the representatives of Ontario Federation of Indigenous Friendship Centres from Toronto to discuss the merits of establishing a centre in this area. There is a Friendship Center in every major community of this country; however, the only centre in this area is in Ottawa and North Bay. This is not very convenient for the residents of Renfrew County. Friendship Centres offer programs for Aboriginal people that are not necessarily accessible unless you belong to the National Federation of Indigenous Friendship Centres. This is where we need your support. to establish such a center and access the financial stability that would be required to develop and sustain. this project. We have to demonstrate a need for such a facility. An alliance such as this will allow us to be able to enhance the services that we already have in place. Your support is essential, this county needs an Aboriginal Friendship Centre and we are close to having such a facility.

Please reply as we need your support.

Signature: _____

Print: _____

Address: _____

Phone Number: _____

THANK YOU FOR YOUR SUPPORT