



Tsideldel First Nation



Membership Transfer Request Form

Name of Person(s) Wishing to Transfer	Date of Birth	Status Number

Parent / Guardian Name		Parent / Guardian Status Number	
Address			
Phone Number		Email Address	

Reason for transfer request:

Please explain indicate and explain which family name persons wishing to transfer are related to:

Important
 Please include two (2) pieces of picture I.D. along with this form
 One (1) piece of picture I.D. must be copy of Status Card

 Signature of Applicant or Parent / Guardian

 Date