



## Akwesasne Area Management Board

P.O Box 965, Cornwall, Ontario K6H 5V1  
Tel: (613) 575-2626 Fax: (613) 575-2863  
www.aamb.ca

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Complete your name and date of birth. Submit to Mohawk Council of Akwesasne, Office of Vital Statistics (Membership) for verification of your membership status.

### Mohawks of Akwesasne **MEMBERSHIP CONFIRMATION**

#### **PART 1**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Registry No.: \_\_\_\_\_

I have applied to the Akwesasne Area Management Board for funding. The Board will need additional membership information as listed in Part 11 before assistance can be determined. When complete, please fax to the Akwesasne Area Management Board office at 575-2863. Thank you.

#### **PART 11 Status of Membership**

Member under Akwesasne Membership Code

Probationary Member under the Code

Expiration Date of Probation: \_\_\_\_\_

Not a Member Under the Akwesasne Membership Code

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Date

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Manager, Office of Vital Statistics



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Complete your name and date of birth. Submit to Mohawk Nation Council of Chiefs for verification of your membership status.

### MOHAWK NATION COUNCIL OF CHIEFS MEMBERSHIP CONFIRMATION

Name: \_\_\_\_\_

Mohawk Name: \_\_\_\_\_

Clan: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member Mohawk Nation Council  
of Chiefs

Non-Member

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Date

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Authorizing Signature,  
Mohawk Nation Council of Chiefs