



Tsikaristisere Trustee Application

Received By

Date

Time

First Name

Last Name

Home Phone

Cell Phone

Email Address

Address

City

Province/ State

Postal / ZIP Code

DOB

Home Phone

Cell Phone

Email Address

- Letter of interest
- Resume
- Copy of Identification (License; Status Card; Tribal ID; Passport; etc.)
- Declaration of Applicant
- Statement of agreement to resign office (For Members of Council)
- Completed Membership Verification * Must be Signed by Office of Vital Statistics
- Applicant must be willing to complete NATOA (National Aboriginal Trust Officers Association) training or an equivalent accreditation or training within twelve (12) months of being appointed;

COMPLETED APPLICATION PACKAGES CAN BE DELIVERED:

TO: EXECUTIVE SERVICES
LOCATION: BLDG NO. 1 - KANATAKON 29 THIRD STREET;
BY MAIL: BOX 90 AKWESASNE, QC HOM 1A0, OR;
VIA EMAIL : PORTABLE DOCUMENT FORMAT (PDF.) TO: ITT@Akwesasne.ca

FOR MORE INFORMATION CALL Fallon Jacobs AT 613-575-2348 EXT 2270.

The above information is true to the best of my knowledge. I authorize the Mohawks of Akwesasne and Internal Technical Team to verify any information that I have provided. I understand that the information provided will be protected and used only for the purposes of evaluating my application.

Signature

Date



TRUST APPLICANT DECLARATION

For the purposes of disclosure to the Mohawks of Akwesasne Settlement Trust Internal Technical Team and Overseers application process,

I declare that I, _____, Membership Enrollment Number _____

DECLARATIONS

INITIALS

- ✓ I am not an immediate family member of elected Grand Chief or an elected District Chief; _____
- ✓ I am not an immediate family member of the Internal Technical Team; _____
- ✓ I am not in the process of undischarged bankruptcy, nor am I insolvent; _____
- ✓ I have not been convicted of an offence under the Criminal Code R.S.C. 1985, the Controlled Drugs and Substances Act 1996 c.19, or comparable offences under the federal or state laws of the United States of America; _____
- ✓ I agree to resign from my elected position on the Mohawk Council of Akwesasne if I am selected for appointment as a Community Trustee; _____
- ✓ I certify that I would be eligible for bonding upon my appointment as Community Trustee; _____
- ✓ I confirm that I have not been removed as a Trustee within the previous twelve (12) month period; _____
- ✓ I agree that, if I am selected for appointment as a Trustee, I will become a party to, and be bound by the Tsikaristisere Trust and will faithfully and to the best of my abilities carry out the duties of a Trustee; _____
- ✓ I agree, if I am selected for appointment as a Trustee, I shall obtain introductory level trustee accreditation from the National Aboriginal Trust Officers Association of Canada within twelve (12) months of my appointment. _____

Signature

Date



Membership Confirmation

Please fill out the information below and submit this form to the attention of the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm your membership status under the Akwesasne Membership Code.

Name

Date of Birth

Signature

*Indigenous Services Canada Registration
Number
(Status Card Number)*

Please Note: The Office of Vital Statistics is located at:
Mohawk Council of Akwesasne
Cornwall Island Administration Building No. III
101 Tewasateni Road,
Akwesasne ON, K6H 0G5

Office of Vital Statistics Use Only

The Office of Vital Statistics personnel shall use the information above to confirm the applicant's membership status under the Akwesasne Membership Code.

- Membership Status
- Member in accordance with the Akwesasne Membership Code
- Probationary Member in accordance with the Akwesasne Membership Code
- Expiration date of Probationary Membership:
- Non-Member in accordance with the Akwesasne Membership Code

Date

*Manager/Membership Officer
Office of Vital Statistics*