



MOHAWKS OF AKWESASNE

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 in accordance with the Akwesasne Membership Code.

Name: _____
(First Name, Last Name)

Date of Birth: _____
(Month/Day/Year)

INAC Registry # _____
(Status Card Number)

NOTE: The Office of Vital Statistics is located in MCA Cornwall Island Administration Building III (CIA3) at 101 Tewaseteni Road, Akwesasne, Ontario K6H 0G5.

The Office of Vital Statistics is to complete this portion to confirm your membership status in accordance with the Akwesasne Membership Code.

Membership Status

Member in Accordance with Akwesasne Membership Code ☐

Probationary Member in accordance with the Akwesane Membership Code ☐

Expiration Date of Probation Period _____

Non-Member in accordance with the Akwesasne Membership Code ☐

DATE

MANAGER or MEMBERSHIP OFFICER
OFFICE OF VITAL STATISTICS