



KASKA DENA COUNCIL

PO Box 9, Lower Post, BC V0C 1W0
Phone: (250) 779-3181 Fax: (250) 779-3020
kdc_landnresource@northwestel.net

KDC Membership Enrollment Application Form

Submit this form by email, mail, fax, or in person.

To save information entered on this fillable form, first save this PDF to your computer.
Complete the form, resave, and then email to kdc_landnresource@northwestel.net.

Please fill out the applicable fields below. Required fields contain an asterisk.*

Applicant's name:* _____
(Last) (First) (Middle)

Maiden name: _____

Current mailing address:* _____
(Street address / Box number)

(Town / City) (Province / Territory / State) (Postal / zip code)

Tel / mobile #: _____ Email: _____

Birth Certificate

A photocopy of your birth certificate is required with this application (the large-sized birth certificate that shows parent(s)' names). Please email, mail, or fax a copy to the address above.

Gender:* Female Male

Adopted:* Yes No

Birth date:* _____
(dd-mmm-yyyy)

Birth place:* _____
(Town / City) (Prov / Terr / State)

Citizenship:* Canada United States

Band number:* _____
(10 digit status number)

Other / Multiple: _____

Eligibility: I believe I am eligible to enroll as a KDC member as I have Kaska Ancestry.

Father's name:* _____
(Last) (First) (Middle)

Mother's name:* _____
(Last) (First) (Middle)

Legal guardian other than parent: _____

Guardian's mailing address: _____
(Street address / Box number)

(Town / City) (Province / Territory / State) (Postal / zip code)

Tel / mobile #: _____ Email: _____

Relationship & reason for filing on behalf of applicant: _____

Are you presently enrolled in any other land claim settlements? If so, name: _____

Date (dd-mmm-yyyy)*

Applicant's signature (check as signed)*

This section for KDC Office use only

Date received: _____ KDC ID#: _____
Community: _____ Genealogy: _____