Kijicho Manito Madaouskarini Algonquin First Nation

P.O. Box 1892, 24 Flint Ave,
Bancroft, ON K0L 1C0

Phone: 613-332-0318 Fax: 613-332-3118

Community Identification Card Information

If you or any member of your family are direct descendants of Algonquin / Nipissing ancestors, **have enrolled and been accepted** in the Algonquins of Ontario Land Claim Process, you are eligible to apply for a community identification card.

The card will identify you as a member of the Kijicho Manito Madaouskarini Algonquin First Nation of Bancroft / Baptiste Lake. **This card is for identification purposes ONLY!** If used for any other purpose, you may be prosecuted to the full extent of the law.

Spouses as well as children over the age of six may apply. Cards have to be renewed every five (5) years. The applicant must forward one (1) recent clear photo (similar to a passport photo) which will be kept on file at the office and used on your ID card.

If your ID card has to be replaced, for any reason, you will have to pay $5.00 for the replacement card. If the original card is then found, your payment is NOT refundable.

To apply for your Community ID card, please fill out the form below and forward to our office, along with the identification card information sheet, to noreentinney@gmail.com or P.O. Box 1892, 24 Flint Ave, Bancroft, ON K0L 1C0. The Application below and the Identification Card Information Sheet may be copied for other enrolled members of your family to use.

Community Identification Card Application

I, _____ wish to apply for a community identification card which will acknowledge me as an Algonquin and as an enrolled member of the Kijicho Manito Madaouskarini Algonquin First Nation of Bancroft / Baptiste Lake. I agree to use this card for identification purposes only.

Signature: _____ Dated: _____

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IDENTIFICATION CARD INFORMATION SHEET

Please provide us with the information requested below. This request is for your benefit as well as ours. This information will be used for your ID card and our membership list. It will be kept in your file for identification purposes.

NAME: _____

ADDRESS: _____

PHONE #: Home: _____ Cell: _____

EMAIL: _____

BIRTHDATE: _____

GENDER IDENTIFICATION: Male Female (circle)

HEIGHT: _____ WEIGHT: _____

EYE COLOUR: _____ HAIR COLOUR: _____

The intent of this card is to identify you as an enrolled member of the Kijicho Manito Madaouskarini Algonquin First Nation community. If and when you are able to use this card for any other purpose you will be notified.

Please sign below:

Should this card be used for any other purpose than identification as a member of the Kijicho Manito Madaouskarini Algonquin First Nation community, I will not hold the issuer / issuers responsible for my actions. I will take full responsibility for my actions.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: IDENTIFICATION CARD # _____