

MOHAWK COUNCIL OF KAHNAWÁ:KE/KANESATÁ:KE
APPLICATION FOR TIOWERO:TON CABIN CONSTRUCTION FORM

All questions must be answered or the application will not be processed. Please return to the Tioweró:ton Committee, P.O. Box 720, Kahnawá:ke Mohawk Territory, JOL-1B0

Primary Applicant:

Full Legal Name: _____ Mohawk Registry Number: _____

Address: _____ Telephone Number: Home/Work _____

Full Legal Name of Applicant's Father & Mohawk Registry Number: _____

Full Legal Name of Applicant's Mother, including her maiden name and Mohawk Registry Number: _____

Marital Status: Single Married Common-Law
Divorced Widowed

Membership status under Mohawk Law: Registered Not Registered
If not on the Mohawk Registry, please explain _____

Co-Applicant:

Full Legal Name: _____ Mohawk Registry Number _____

Address: _____ Telephone Number _____
Home: _____
Work: _____

Full Legal Name of Co-Applicant's Father & Mohawk Registry Number: _____

Full Legal Name of Co-Applicant's Mother, including her maiden name and Mohawk Registry Number: _____

Marital Status: Single Married Common-Law
Divorced Widowed

Membership status under Mohawk: Registered Not Registered

Signature of Primary Applicant _____ Signature of Co-Applicant _____

Date _____

(Office use only) MEMBERSHIP VERIFICATION

The primary applicant meets the criteria to be registered on the Kahnawá:ke/Kanesatá:ke Mohawk Registry.
Yes No

The co-applicant meets the criteria to be registered on the Kahnawá:ke/Kanesatá:ke Mohawk Registry.
Yes No

Signature of Membership Administrator _____ Date _____