



(APPENDIX B)

DOKIS FIRST NATION BAND MEMBERSHIP TRANSFER
OBJECTION FORM

APPLICANT – (PERSON SUBMITTING OBJECTION)

Last Name of Applicant:	Given Name of Applicant:
Mailing Address or Email:	Telephone Number:
Are You a Registered Dokis First Nation Band Member:	
FULL GIVEN NAME OF <u>OTHER</u> FIRST NATION INDIVIDUAL YOU OBJECT BECOMING A BAND MEMBER OF DOKIS FIRST NATION:	

Please explain the reason(s) why you object to this Band Transfer and why you are objecting the impending addition to the Dokis First Nation Band Membership List (you may attach additional pages if required):

Date

Print Name

Signature