

FAMILY MEMBERSHIP APPEAL POLICY

Appeal Application Form

Appeal Process: This Appeal Application Form will be assessed in accordance with the TCG Bylaws and TCG Family Membership Appeal Policy. After assessing the information provided in your appeal the TCG Director of Information will make a recommendation to the TCG board of directors. The TCG board of directors will make all final decisions regarding your family membership for the purposes of the 2019 TCG elections.

Deadlines: All Appeal Application Forms must be received by Friday, June 7th, 2019. TCG members wishing to be nominated to run for a family representative position at the 2019 Annual General Assembly must submit their Appeal Application Form no later than Friday, March 15th, 2019 in order for the appeal to be assessed prior to the nomination deadline.

Family Membership Criteria: In determining family membership, the TCG considers which family, if any, a TCG member is a descendant of using a Hybrid Matrilineal approach. This involves tracing of kinship through the female line of descent in which each person is identified with their mother's lineage (i.e. the line from a female ancestor to a descendant in which the individuals in all intervening generations are mothers), with the exception of those individuals whose Tahltan ancestry exists by way of their father in which case they will be considered to be a descendant of their father's family unless and until such individual has been culturally adopted by another family.

If you have any questions regarding this application form or the Family Membership Appeal Policy, please contact the Director of Information at informationdirector@tahltan.org.

PERSONAL INFORMATION

FULL LEGAL NAME _____

DATE OF BIRTH _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE _____

WHICH FAMILY ARE YOU CURRENTLY REGISTERED TO?

<input type="checkbox"/> CARLICK	<input type="checkbox"/> GOOD-ZA-MA
<input type="checkbox"/> CAWTOONMA	<input type="checkbox"/> SHUKAK
<input type="checkbox"/> DEKAMA	<input type="checkbox"/> STIKINE CLAW & THICKE
<input type="checkbox"/> ETH'ENI	<input type="checkbox"/> THUD GA
<input type="checkbox"/> ETZENLEE	<input type="checkbox"/> TS'IMGALTEDA



TAHLTAN ANCESTRY

WHICH FAMILY DO YOU BELIEVE YOU **SHOULD BE** REGISTERED TO?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> CARLICK | <input type="checkbox"/> GOOD-ZA-MA |
| <input type="checkbox"/> CAWTOONMA | <input type="checkbox"/> SHUKAK |
| <input type="checkbox"/> DEKAMA | <input type="checkbox"/> STIKINE CLAW & THICKE |
| <input type="checkbox"/> ETH'ENI | <input type="checkbox"/> THUD GA |
| <input type="checkbox"/> ETZENLEE | <input type="checkbox"/> TS'IMGALTEDA |

Please provide any relevant information that supports this appeal, including information regarding Tahltan ancestry and/or ceremonial adoption. You may attach additional pages, if necessary.

**PLEASE INCLUDE ANY RELEVANT DOCUMENTS OR MATERIALS THAT WILL ASSIST
US IN CONSIDERING YOUR APPEAL.**

CONFIRMATION AND CONSENT

By submitting this appeal, you consent to be contacted by the TCG Information Director regarding the information provided by you herein..

SIGNATURE

PRINT NAME
