## **Full Membership Definition:**

"Full Member" means an Aboriginal Business carrying on its business in the Region One Area as defined by the Metis Nation of Alberta which meets the qualifications of membership as set out in ROABA's bylaws and has been approved by the Board as a Full Member. (See third page for more details)

Members	nip Inform	ation:												
Company														
Owner														
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Phone	(780)	and a		Fax	(78	30)		Cell (780)		o mich	The second	ar lesions		
Email		Parallel .	-15											
Web Site	Unionized Yes						No							
If not the s	same as above, please complete the following:													
Contact														
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Phone	(780)			Fax	(78					(780)				
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Web Site	th any total or local aboriginal companies in a					Other Contact Info			140	3. Dogs v				
Please Com	plete the	following	g:		audi.		247777				200	-	-	
Do you want faxes? Yes / No Do			you want emails?		Yes / No		Do you want Work Opportunity emails?				Yes / No			
Circle one	of the follo	wing: Fir	st Natio	n, Metis, Inu	it, Reg	ion or S	ettlement	or Band						
What is the	name of	your Firs	t Nation	?		-8000	Gud marys	in franch	lead	Isia	Destroy	a pami	i teil	A. Please
you belong	to?	nat is the	name o	f the group t	hat									
Choose One: Membership Rates based on Full time Equivalent (GST Not applicable) Renewals are November 29 <sup>th</sup> each year.			Between 1-9 Be Employees \$250		Em	Between 10-49 Employees \$750		een 50 99 loyees	Employees		2 <sup>nd</sup> Company (Non-Voting) \$105			
Optional W ROABA We Is your com purchase th Yes or No (p	osite pany wan is Website please circ	ting to e Additio le appro	n?	New Memb one-time Fe			l Start-up	in ke ai	estate estate		al Websi otional Fo			d Link
Registered Business No. (Req'd):				GST Re			gistration No.							

**ROABA Office:** 

Year Est. /			4
Incorporated:			
Indicate safety progr you have: Specify other progra	ISNetworld	Canqual COR HSE	PICS COMPLY WORKS
List any other inform			
ROABA Full Member A	pplication Form		***
1. In addition to your o	Whorship porcents		SERVICE
employed by your com typical annual average	pany and your use of Abo	ease provide a rough estimate of original subcontractors in the pe	the number of Aboriginal persons rformance of your contracts (use a
Category	Aborig	inal	Non-Aboriginal
Ownership	Benferstell	%	Ten Asongman
Employees		%	
Sub Contractors		%	
ne area as defined by	the MNA? If so please pr	ovide names of the associate, or	al aboriginal companies in the Region joint venture company:
	TRUSTER	nie Luck – Voligma trop um	CAPE AND SAME TOWNS TOWN CONTROL
Please list three servi	ces that best describe you	ır business.	What is the name of your First Netton
tames the committee to the Month Verbi	-02 reserves -0.62	Minocoloidi B. Carronina	Sau belong to? At Upagee Ohe: Saurah section Ratios based on Ealb
e hereby commit to th	e employment of Aborigi	nal Peoples support local Abarri	ginal Businesses and entities, and to
ide by the by-laws, Po	icies, and Procedures, an igned is a duly authorized	d Support the Mandate of the R	egion One Aboriginal Business entity, empowered to certify that the
ave attached (1) a cop corporate documents	y of my ROABA business I that illustrate shareholde	icense or letter from First Natior er structure and ownership.	n (2) proof of Aboriginal identification
ABA Office:		Boy 2526 La	o la Richa AR TOA COS

Box 2536 Lac La Biche, AB TOA 2C0 office@roaba.ca

Signed:			Dated:	
Print Name:	ork youngeneables and no	Security symmetry and the	imiso" sasniq eti la a <del>matergrama s</del>	interpretations.
	a <u>ké alikudenau ai s</u>	ortginal Business application		

Once your application has been reviewed and accepted by ROABA's Board of Directors you will receive a membership invoice, membership package and a letter confirming your approval. If your application is not completed and/or the Board of Directors require further information you will be contacted by ROABA's administration. We thank you for your time and commitment.

Please read the two following sections for definitions, clarifications and interpretations. The following information may be utilized as a checklist for your application. If you have any questions, please contact the ROABA executive members and book an appointment.

Application Checklist:

**Proof of Aboriginal Status** 

A Photocopy of Indian Status, Metis status card, Metis Settlement card, Inuit status card or a letter from your First Nation identifying your Aboriginal status.

Proof of Controlling Ownership of 51% or more

- "Aboriginal Business" means a sole proprietorship, partnership, trust, organized group or community owned and controlled primarily by Aboriginal persons including First Nations and includes an Aboriginal Corporation and an Aboriginal Limited Partnership.
- "Aboriginal Corporations" means a Corporations:
  - Incorporated under the laws of a province of Canada or under the Canada Business Corporation Act, registered to carry on business in Alberta;
  - Legally and beneficially Controlled by one or more Aboriginal persons or First Nations;
  - Where the shareholders do not have a shareholders' agreement in place which decreases or diminishes the Control of the Aboriginal person or First Nation.
- "Aboriginal Limited Partnership" means a limited partnership registered in the Province of Alberta and of which:
  - No less than 51% of the units of each class of the limited partners are owned by, or the profits of the limited partnership are payable to an Aboriginal Person, one or more First Nations or an Aboriginal Corporations: and
  - The General Partner is an Aboriginal Corporation
- Control means when applied to the relationship between a person and a corporation, the beneficial ownership by the person, at the relevant time, of shares
  - Which carry more than 50% of the voting rights ordinarily exercisable at meetings of shareholders;
  - The voting rights carried by such shares are sufficient, if exercised, to elect a majority of the directors of the corporation.

## Proof of local staffed office

- Lac La Biche County or Regional Municipality of Wood Buffalo business license
- Letter from First Nation identifying that business is operated on a First Nations reservation
- If cannot provide either of the two above: legal land description from Annual Return or Power Bill