



# M'Wikwedong Indigenous Friendship Centre

1723 8<sup>th</sup> Avenue East,  
 Owen Sound, Ontario N4K 3C2  
 Telephone: (519)371-1147 Fax: (519)371-6181

## MEMBERSHIP FORM

Membership Type:  New  Renewal

**APPLICANT(S):**

First Name	Last Name	Membership Type	Status
_____	_____	<input type="checkbox"/> Family (\$10.00) <input type="checkbox"/> Single (\$5.00) <input type="checkbox"/> Elder (Over 55 – FREE) <input type="checkbox"/> Honorary (FREE)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Aboriginal
Date of Birth: _____	_____		
_____	_____	<input type="checkbox"/> Family (\$10.00) <input type="checkbox"/> Single (\$5.00) <input type="checkbox"/> Elder (Over 55 – FREE) <input type="checkbox"/> Honorary (FREE)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Aboriginal
Date of Birth: _____	_____		
Dependants First Name	Dependants Last Name	Age	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Memberships expire yearly on March 31 & must be renewed 2 weeks prior to the AGM for voting privileges.  
 Memberships are valid from April 1 to March 31.

Address: (Include Apartment #, Street Direction: North, South, East, West)		
House #	Street Name	Apartment #
City	Province	Postal Code
( )	( )	
Home Phone	Cell Phone	Email

Are you interested in Volunteering?  Yes  No

(A Police Check with a Vulnerable Sector Search is required, please ask for details)

**Volunteer Interests:**

- Board Recruitment Committee   
  Fund-Raising Committee   
  Youth Group  
 Board of Directors   
  Volunteer Committee   
  Other: \_\_\_\_\_

I agree to abide by the Code of Ethics and Code of Conduct and am in agreement with the Mission Statement, objectives and Vision Statement of the M'Wikwedong Indigenous Friendship Centre.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For Office Use Only:	Please initial
Receipt Issued	_____
Entered in Mail List	_____
Entered in Membership List	_____
Date Paid	_____