



M'Wikwedong Indigenous Friendship Centre

1045 3rd Avenue West,
Owen Sound, Ontario N4K 5W6

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
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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	_____