

North Bay Indigenous Friendship Centre Membership Application

Please check off all the boxes that apply to your application

Membership Type	<input type="checkbox"/> Family \$ 10.00 (2 adults and dependents under 17 yrs.)	<input type="checkbox"/> Individual \$5.00 (18-54 yrs.)	<input type="checkbox"/> Elder/Senior \$3.00 (55 + yrs.)
Name		Type of Member	<input type="radio"/> Aboriginal <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> Non-Aboriginal
Name		Type of Member	<input type="radio"/> Aboriginal <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> Non-Aboriginal

Dependents Name(s) and Age(s)

(must be 17 years of age and under)

NAME	Date of Birth (mm/dd/yyyy)

Mailing Address

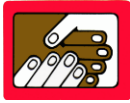
Mailing Address: Please include apartment/Street # and street direction (North, South, East, West)		
Telephone Number:		
	Home Phone	Cell Phone

Email:

How would you like to receive your newsletter?
 Mail
 Pick up
 Email

Are you interested in Volunteering?
(A police check with a vulnerable sector search is required & Volunteer package must be completed prior to volunteering)
 YES
 NO

I, _____, the undersigned, agree that the above noted information is correct and that the information provided may be used for statistical purposes only. I have read and understand the *Code of Conduct* for the North Bay Indigenous Friendship Centre and hereby agree to it and Its' contents.



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Signature:	Date:
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OFFICE USE ONLY

Name of Receiver:			
Date of Application:			
Date Approved by the Board of Directors:			
Date Membership Card mailed or delivered:			
Paid by:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Donation
<input type="checkbox"/> New Member		<input type="checkbox"/> Renewal	
Expiry Date:			
Receipt Number:	Card Number:		