



Office Use Only:	
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Picture	_____
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MNBC Contacted	_____
Mail List	_____

Community Membership Application

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

Postal Code: _____ Phone Number: _____

Cell /Phone Number: _____

Email Address: _____

Date of Birth (Month in Text Please): _____

Place of Birth: _____

Female Maiden Name: _____

Eye color: _____ Height: _____ Male or Female: _____

I _____ do hereby declare that I am of Metis Ancestry

Signature _____

Registration Fee \$10.00 As of December 1st, 2008

Community Involvement

Are you willing to volunteer? Yes or No _____

If you answered YES to the above question, please indicate Committee(s) you would like to volunteer on:

Culture _____ Youth _____ Membership/Registration _____ Language Revitalization _____
 Newsletter _____ Education _____ Health _____ Government _____ Economic
 Development _____ Fundraising _____ Child & Family Finance _____ Harvesting &
 Environment Policy & Planning _____ Homelessness _____

Can we distribute your contact information to other members? _____