**Atikokan Native Friendship Centre MEMBERSHIP**

FAMILY LAST NAME: HOME PHONE: CELL:

ADDRESS: PO BOX:

CITY: POSTAL CODE:

SELF EMAIL: SPOUSE EMAIL:

* NEW MEMBER Do you know how you might like to volunteer for the ANFC?
* RENEWAL

**FAMILY MEMBERS** **Please check one**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Full Name*** | ***D.O.B.*** | ***Gender*** | ***Living at home Y/N*** | ***First Nations*** | ***First Nations Non-Status*** | ***Metis- Status*** | ***Metis- Non-Status*** | ***Non- Indigenous*** |
| **Self** |  |  |  |  |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |  |  |  |  |
| **Child** |  |  |  |  |  |  |  |  |  |
| **Child** |  |  |  |  |  |  |  |  |  |
| **Child** |  |  |  |  |  |  |  |  |  |
| **Child** |  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Membership Terms are One Year | Start Date: | End Date |
| FAMILY $10.00 | SENIORS (55+) $3.00  | INDIVIDUAL (18+) $5.00 |
| *APPROVAL:* | *Initial Board Member:* | *Date Approved:* |

Staff Signature: Date: Voting Member: \_\_\_\_\_\_\_\_ Non-Voting Member:\_\_\_\_\_\_\_\_