



N'SWAKAMOK INDIGENOUS FRIENDSHIP CENTRE

MEMBERSHIP APPLICATION

CONTACT INFORMATION

NAME:	
MAILING ADDRESS:	 City: _____ Province: _____ Postal Code: _____
TELEPHONE:	
EMAIL:	

TYPE OF MEMBERSHIP:	<input type="checkbox"/> Family Membership \$3.00 <input type="checkbox"/> Single Membership \$2.00 <input type="checkbox"/> Student Membership \$1.00
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FOR OFFICE USE ONLY

Date of Application:	 <input type="checkbox"/> New <input type="checkbox"/> Renewal
Expiry Date:	
Fees Received For Membership:	
Staff Signature:	