



NIAGARA REGIONAL NATIVE CENTRE
“NEW” MEMBERSHIP APPLICATION

RENEWAL or	NEW MEMBERSHIP (check one)	Membership No.
First Name:	Last Name:	Date of Birth:
Address:		
Contact Information: Phone:		Email:
Do you identify as: <input type="radio"/> Status <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> Non-Status <input type="radio"/> Non-Native		
Your Nations Name:		

Immediate Family Information -for general information and statistical purposes only and is protected in accordance with the Protection of Privacy Act.			
Full Name (print clearly)	Relationship to Applicant	Date of Birth: dd/mm/yyyy	AGE

NOTE: Voting members must be 18 years of age, a resident of the Niagara Region and of Indigenous decent.

FOR OFFICE USE ONLY		
MEMBERSHIP CLASS	FEE	RATIFIED DATE/MOTION #
Indigenous Member	6.00	
Indigenous Member at Large	6.00	
Indigenous Youth Member	6.00	
Indigenous Honorary Member	Fee Waived	
Community Member	6.00	

I agree with the aims of the Corporation and if accepted as a member, I agree to abide by the By-Laws, Policies and Procedures, Code of Ethics and the Code of Conduct of the Corporation.

Applicant’s Signature: _____ **Today’s Date:** _____

Applications must be completed and verified by an NRNC Staff or a Member of the Board of Directors.

Receivers Signature: _____ **Date Received:** _____