



Misiway Membership Application Form

(Please submit completed form and membership fee to Reception at Misiway CHC)

Name: _____ { } Full Membership
Address: _____ { } Non-Voting Membership
Date of Birth: _____

Band Affiliation, Metis, Inuit Band Number (if applicable)

Phone: (____) _____ (____) _____
Home Work

Tells us about your work and/or volunteer experience:

Annual Fee: \$1:00 { } Paid { } Enclosed

Signature of Applicant _____ Date: _____

Board Approval: _____
Signature Title

Date