MEMBERSHIP FORM

Please print the following:

Name: ____________________________________________________________
Address: __________________________________________________________
City/Province: ______________________________________________________
Postal Code: __________________________ Phone: __________________________
Birthdate (year is optional): __________________________________________
Email: __________________________________________________________________

If you have children **16 and under**, please list below:

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
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PLEASE CIRCLE AMOUNT: 

Family……………………………………..$10
Single……………………………………..$5
Elder (60-69)……………………………..$2
70 and over………………………………..FREE
Associate (non-native, non-voting, or male).….$2

MAIL/DROP OFF TO: 

Niagara Chapter – Native Women Inc.
1088 Garrison Rd, Fort Erie
ON L2A 1N0
(905) 871-8770
Fax: (905) 871-8262

**Office Use Only**

Payment: Cash ______ Cheque #________________________ Membership #___________

Total Amount: $_______ Date Card Mailed: __________________________________________