



NIAGARA CHAPTER - NATIVE WOMEN INC.

MEMBERSHIP FORM

PLEASE PRINT

Date: _____

Name: _____ Spouse _____
(Optional)

Address: _____

City/Prov.: _____

Postal Code: _____ Phone: _____

Birth date: _____ (optional)

Email: _____

Please acknowledge that you give permission for us to send out e-mail notices to you such as job postings, information updates, cultural events and newsletters, etc.

Please be advised that Ontario Native Women Assoc. requests updated membership lists from its locals. Please give permission to us by signing here to submit only your name.

_____ SIGNATURE

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

<u>First Name</u>	<u>Last Name</u>	<u>D.O.B.</u>	<u>Female / Male</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CIRCLE AMOUNT:

Family\$10.00

Single\$ 5.00

Elder (60-69)\$ 2.00

70 and overFREE

Associate\$ 2.00(non-native, non-voting or male)

MAIL/DROP OFF TO:

Niagara Chapter - Native Women Inc.

1088 Garrison Road,

Fort Erie, Ontario, L2A 1N9

Phone:905-871-8770 / Fax:905-871-9262

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Office Use Only:

Payment: Cash _____ Cheque # _____ Membership # _____

Total Amount: \$ _____ Date Card Mailed: _____