



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:

First Name	Last Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____