

Hamilton Regional Indian Centre Membership Application

Please check off all boxes that apply to your application

Membership Type	<input type="checkbox"/> Family \$5.00 Consists of 2 adults and dependants (under 18 yrs)	<input type="checkbox"/> Individual \$3.00	<input type="checkbox"/> Elder \$2.00	<input type="checkbox"/> Organization \$10.00
Name			Type of Member	<input type="radio"/> Aboriginal <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> Non-Aboriginal
	First Name	Last Name		
Name			Type of Member	<input type="radio"/> Aboriginal <input type="radio"/> Inuit <input type="radio"/> Metis <input type="radio"/> Non-Aboriginal
	First Name	Last Name		
Dependants Name(s) and Age(s)				
NAME			Date of Birth Month/Day/Year	
Mailing Address: <small>Please include apartment # and Street direction North, South, East, West</small>				
	House #	Street Name	Apartment #	
Telephone:	City		Postal Code	
	Home Phone		Cell Phone	
Email:				
How would you like to receive your newsletter? <input type="checkbox"/> Mail <input type="checkbox"/> Pick it up <input type="checkbox"/> email				
Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No (A police check with a vulnerable sector search is required, please ask Front desk for details)				
I, _____, the undersigned, agree that the above noted information is correct and that the information provided may be used for statistical purposes only. (This information will not be sold or given to an outside organization.)				
Signature			Date	
FOR OFFICE USE ONLY				
Name of Receiver:		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		
Date of Application:		<input type="checkbox"/> Renewal <input type="checkbox"/> New		
Date Membership Card mailed or delivered:			Number of Registered Votes:	