



Georgian Bay Native Women's Association  
2010 MEMBERSHIP FORM

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Status

- Status
- Non Status
- Metis
- Inuit
- Non Native

Band: \_\_\_\_\_

- Married or common-law name: \_\_\_\_\_
- Single

Number in family (household): \_\_\_\_\_

Name of Child/Children:	Boy/Girl	D.O.B ( Day/Month/Year)

Family Membership Fee per year: 5:00

Seniors/Elders: Free

**For Office Use Only**

Date of Form: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ FREE Elder Membership \_\_\_\_\_  
New Membership: \_\_\_\_\_ Renewed Membership: \_\_\_\_\_ Receipt # \_\_\_\_\_  
GBNWA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
GBNWA Board Approval & Motion # \_\_\_\_\_ Date: \_\_\_\_\_