



Mission Indian Friendship Centre Society

33150A First Avenue,
Mission, B.C. V2V 1G4

Tel: (604) 826-1281
Fax: (604) 826-4056



MEMBERSHIP APPLICATION

Fee: \$1.00 Per Person per Fiscal Year (April 1st to March 31st) DATE: _____

ELDER (55+) YES NO How many years have you been a Member? _____

PRINT NAME: _____ Signature: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ PHONE #: _____

ABORIGINAL ANCESTRY (Please circle one):

Status Non-Status Metis Treaty Inuit

Dene People of North American Descent _____

The following information will assist us in the Planning and Implementation of Appropriate Centre Programs & Activities. While not mandatory, your help is very much appreciated.

FAMILY MEMBERS (Spouse and/or Children)

NAME	SEX	DATE OF BIRTH	AGE

Would you be willing to be a MIFC Volunteer? YES NO

If YES, what programs would you like to volunteer for? _____

What days and times are you available? _____

This membership will be forwarded to the MIFCS Board of Directors for Review. You will be notified of their decision.

BOARD SIGNATURE: _____ DATE: _____