



Membership Application Form

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Do you have a child currently in the program? Yes No
Have you had a child registered in the program? Yes No

Indigenous heritage

- First Nations
- Métis
- Inuit

Are you willing to volunteer services? Yes No

If yes, please let us know what services you would be interested in (e.g., children's activities, socials/feasts, governance etc):

Signature: _____

Date: _____