



## ABORIGINAL COUNCIL OF WINNIPEG

112-181 Higgins Ave, Winnipeg, MB, R3B 3G1

### MEMBERSHIP APPLICATION FORM

*(Please Print)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_ CELL#: \_\_\_\_\_

WORK#: \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

***I DECLARE THAT I AM OVER THE AGE OF 15 YEARS OLD AND I AM***

STATUS  NON-STATUS  METIS  INUIT

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_