

Chilliwack Métis Association

Mailing Address: PO Box 2037

Chilliwack BC V2R 1A5

Membership Director: Grace Pearson Phone: (604) 703-1481

Email: cmasecretary@hotmail.com

Chilliwack Métis Association Membership Application				
Legal Name of Applicant: First		Middle	Last	
Address:	Apt#	Street	City	Province Postal Code
Phone: ()		Email:	Maiden Name:	
Are you a resident of British Columbia?				Yes ___ No ___
Birth Date (dd/mm/yyyy)		Place of Birth (City and Province)		Gender
Legal Name of Applicant's Father's		Legal Name of Applicant's Mother's (please use maiden name)		
Applicant's Father's birth date (dd/mm/yyyy)		Applicant's Mother's birth date (dd/mm/yyyy)		
Applicant's Father's place of birth (city and province)		Applicant's Mother's place of birth (city and province)		
Applicant's Children (First, middle and last name)		Birth Date (dd/mm/yyyy)	Gender	Place of Birth (city and province)
1. _____		1. _____	1. ___	1. _____
2. _____		2. _____	2. ___	2. _____
3. _____		3. _____	3. ___	3. _____
4. _____		4. _____	4. ___	4. _____
Oath of Membership				
<p>I, _____ here by apply for membership in the Chilliwack Métis Association, and hereby swear I do not hold Indian Status, Treaty Status or Bill C31. Further, should I be granted membership with the Chilliwack Métis Association, I will respect, and will abide by, all the rules and bylaws of the Chilliwack Métis Association.</p>				
Signature: _____		Date: _____		
<p>I would like to support Chilliwack Métis Association by becoming a: <i>(please check one)</i></p> <p>Volunteer Committee Member: ___ Board Member: ___</p>				
For Office use only				
Chilliwack Membership Number:		Issue Date:		
Region: Lower Mainland		Name of Issuer:		