



NIAGARA CHAPTER - NATIVE WOMEN INC.

MEMBERSHIP FORM

Date: \_\_\_\_\_

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ (year is optional, of course)

Email: \_\_\_\_\_

If you have children **16 and under**, please list below:

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE CIRCLE AMOUNT:

**Family .....\$10.00**

**Single .....\$ 5.00**

**Elder (60-69) .....\$ 2.00**

**70 and over .....FREE**

**Associate .....\$ 2.00(non-native, non-voting or male)**

MAIL/DROP OFF TO:

*Niagara Chapter - Native Women Inc.*

1088 Garrison Road,

Fort Erie, Ontario, L2A 1N9

Phone:905-871-8770 / Fax:905-871-9262

Office Use Only:

Payment: Cash \_\_\_\_\_ Cheque # \_\_\_\_\_ Membership # \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ Date Card Mailed: \_\_\_\_\_

