

Membership Number: _____

CONAYT FRIENDSHIP SOCIETY



Expiry Date: _____

"Helping Others"

MEMBERSHIP APPLICATION/RENEWAL FORM

Name: _____ Phone: _____

Mailing Address: _____ Postal Code: _____

Street Address: _____ Postal Code: _____

Email Address: _____

Elder (55 years of age or older) _____ \$2.50 for two(2) years

Non-Elder (Under 55 years of age) _____ \$5.00 for two(2) years

Please enclose membership fees with your application

Please provide two (2) pieces of ID:

i.e.: Driver's License (Picture)

and

Proof of Residential Address

or

Copy of Utility Bill

New Member application _____

Renewal application _____

.....
Status _____ Metis _____ Non Status _____

Other (Please Specify) _____

.....
Do you live On Reserve _____ Off Reserve _____
.....

I hereby apply for membership in the Conayt Friendship Society. I will uphold the goals of the Society.

Signature of Applicant

Signature of President