



MoCreebec Eeyoud

INDIVIDUAL MEMBERSHIP APPLICATION (OVER 18 YEARS OLD)		
NAME		
First Name:	Middle Name:	Last Name:
ADDRESS		
P.O. Box:	Street:	Apartment/Unit:
City:	Province:	Postal Code:
Phone: ()	Email:	
Band No:	Band Name:	Beneficiary No (if known):
Family Clan (if known):		
<p>I, _____, hereby declare that:</p> <p>(a) I am, or I am a descendant of a “Y” dialect Cree-speaking person, or I am a spouse, or an adopted child of such a person, and;</p> <p>(b) I am committed to the principles, purpose and objectives of the MoCreebec Constitutional Framework, ratified June 6, 1993.</p>		
_____ Signature of Applicant		_____ Date Signed
_____ Signature of Witness		_____ Date Signed