



# MOCREEBEC EYYOU

INDIVIDUAL MEMBERSHIP APPLICATION (18 YEARS +)

## Personal Information

First name:

Middle name(s):

Last Name:

Date of Birth (MM/DD/YYYY):

Band Name & Number:

Beneficiary Number:

Name of Quebec Affiliation:

Family Clan (if known):

Home Address:

Home Phone:

Cell:

E-mail address:

I, \_\_\_\_\_, hereby declare that:

- (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;
- (b) I am committed to the principles, purpose and objectives of the MoCreebec Constitutional Framework, ratified June 6, 1993.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed