



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



Personal Data Form

This form is kept confidential and used ONLY for updating our membership and beneficiary database.

Personal Information

First name

Middle name(s)

Last Name

Maiden Name

Date of Birth (MM/DD/YYYY)

Fathers Name

Mothers Name

Mothers Maiden Name

Gender

Band Name

Band Number

Beneficiary Number

Name of Quebec Affiliation

Name of Clan (if known)

Education

Occupation

E-mail address

Home address

Street Address

P.O Box #

City & Province

Postal Code

Home phone

Mobile or cellular phone

Comments

Children

Full Name

Date of Birth (MM/DD/YY)

Band Name & Number

Thank you for taking the time to fill out this form.

If you have any questions, contact:

Kristin Wabano

Membership Clerk/Receptionist

MoCreebec Eeyoud

(705) 658 – 4769 ext. 2006

frontdesk@mocreebec.com