

Nistawoyou Association Friendship Centre

8310 Manning Ave
Nistawâyâw - Fort McMurray, AB
T9H 1W1
Phone: 780-743-8555
Email: nistawoyoureception1@gmail.com

Yearly Membership Application

Name: _____
Please Print First Middle Last

Date of Birth: _____ **Preferred pronouns:** He/Him She/Her They/Them
Month/Day/Year (Please circle)

Phone number: _____ **Email:** _____

How do you like to be contacted? Call Text Email

Spouse/Significant Other:

Name of Spouse: _____
Please Print First Middle Last

Date of Birth: _____ **Preferred pronouns:** He/Him She/Her They/Them
Month/Day/Year (Please circle)

Spouse Phone number: _____ **Spouse Email:** _____

How do you like to be contacted? Call Text Email

Identity:

Do you self identify as an Indigenous person: Yes / No

Please identify as many as apply: First Nation Inuit Métis Other: _____

Does your spouse self identify as an Indigenous person: Yes / No

Please identify as many as apply: First Nation Inuit Métis Other: _____

Mailing Address: _____
City/Province/Postal Code

Physical Address (If different from above): _____
City/Province/Postal Code

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Children/Grandchildren (Under 18):

Name: _____

Please Print First Middle Last

Date of Birth: _____ **Preferred pronouns:** He/Him She/Her They/Them
Month/Day/Year (Please circle)

Does your child self identify as an Indigenous person: Yes / No

Please identify as many as apply: First Nation Inuit Métis Other: _____

Name: _____

Please Print First Middle Last

Date of Birth: _____ **Preferred pronouns:** He/Him She/Her They/Them
Month/Day/Year (Please circle)

Does your child self identify as an Indigenous person: Yes / No

Please identify as many as apply: First Nation Inuit Métis Other: _____

Name: _____

Please Print First Middle Last

Date of Birth: _____ **Preferred pronouns:** He/Him She/Her They/Them
Month/Day/Year (Please circle)

Does your child self identify as an Indigenous person: Yes / No

Please identify as many as apply: First Nation Inuit Métis Other: _____

Name: _____

Please Print First Middle Last

Date of Birth: _____ **Preferred pronouns:** He/Him She/Her They/Them
Month/Day/Year (Please circle)

Does your child self identify as an Indigenous person: Yes / No

Please identify as many as apply: First Nation Inuit Métis Other: _____

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Permission:

Would you like to be contacted if we have a program or service that may interest you? Yes No Please initial:_____

If you are at the Centre or participating in a program we offer do you approve of us sharing your photo? Yes No Please initial:_____

Would you like to be added to our list of Volunteers?
Yes No Please initial:_____

Please let us know what services you think we should offer that we don't now:

How did you hear about us? Please circle all that apply.

- Already a member.
- From a friend or family member.
- Facebook.
- Instagram.
- Other:_____

Staff use only:

Form completed by:_____ Date:_____

Received by:_____ Date:_____

Executive Director:_____ Date:_____