



**HAMILTON-WENTWORTH CHAPTER OF NATIVE WOMEN
INCORPORATED**

MEMBERSHIP FORM

Thank you for your inquiry regarding membership to the Hamilton-Wentworth Chapter of Native Women Incorporated. Our membership is as follows:

FULL MEMBER: An Indigenous woman over the age of 16 years or spouse of a man of Indigenous ancestry.

ASSOCIATE MEMBER: All others who are interested who do not meet the FULL MEMBER requirements. This includes men, organizations, non-Indigenous women, youth, etc.

Members Name: _____

Mailing Address: _____

Phone Number: _____

Alt. Phone Number: _____

Email Address: _____

Cost of Membership: \$5.00 for Full and Associate Member

Please send completed membership form along with membership fee to:

Native Women's Centre
1900 King St. E
PO Box 69036
Hamilton, ON, L8K 6R4

FOR OFFICE USE ONLY:			
Date Received: _____	Membership Type:	<input type="checkbox"/> FULL	<input type="checkbox"/> ASSOCIATE
Added to Membership list by: _____	Membership Fee Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Membership Expiry Date: _____			