



Application for Membership

PERSONAL INFORMATION

PLEASE PRINT CLEARLY AND COMPLETE EACH SECTION

Part I

First Name: _____ Last Name: _____ Middle Initial(s): _____

Address _____

City: _____ Province: _____ Postal Code: _____

Date of Birth dd: ____ mm: ____ yyyy: _____ Place of Birth: _____

Phone: _____ Work: _____ Mobile: _____ Fax: _____

Email Address: _____ Website: _____

Part II

Gender: M F Eye Color: _____ Height(cm) _____ Weight(lbs) _____

Marital Status: Single Married Separated Divorced Widow Common-Law Domestic Partners

EDUCATION

PLEASE SELECT HIGHEST LEVEL COMPLETED

Elementary Some High School High School College University (Undergrad) University(Grad)

Current Occupation: _____

ABORIGINAL ANCESTRY

WHICH OF YOUR ANCESTORS WERE MEMBERS OF A BAND

_____ Aboriginal? Yes No _____

Father

Treaty Area

_____ Aboriginal? Yes No _____

Father's Mother

Treaty Area

_____ Aboriginal? Yes No _____

Father's Father

Treaty Area

_____ Aboriginal? Yes No _____

Mother

Treaty Area

_____ Aboriginal? Yes No _____

Mother's Mother

Treaty Area

_____ Aboriginal? Yes No _____

Mother's Father

Treaty Area

ABORIGINAL STATUS

PLEASE CHECK ONE

- Métis Status Indian with Band Membership Non-Status Indian
 Métis with Status Card Status Indian without Band Membership Inuit Non-Native

ABORIGINAL HARVESTING RIGHTS

SPECIFY TRADITIONAL HARVESTING RIGHTS YOU WISH TO CLAIM

Identify the traditional harvesting rights you wish to claim. Specify your Ancestral Area and the boundaries within which you claim these rights. (If necessary, please attach a map outlining the areas.)

<u>Rights Claimed</u>	<u>Specific Geographic Region</u>
Fishing (lakes, streams)	_____
Hunting (forests, valleys)	_____
Trapping (boundaries)	_____
Wild Rice Harvesting (lakes, streams)	_____
Medicines & Resources (boundaries)	_____
Other Plants (boundaries)	_____
Reason for Claiming the Above	_____

TYPE OF MEMBERSHIP SOUGHT

- FULL** - Any person of Aboriginal descent within the meaning of s35(2) of the Canada Act, 1982 but **NOT** a band member residing on a reservation.

 YOUTH - Same as FULL membership, only the applicant is under 18 years of age.

 ASSOCIATE - Non-Status Indians, Status Indians or Individuals with Band Memberships who live on a reservation.

MEMBERSHIP FEES

SELECT YOUR PAYMENT

One Year Membership: **FULL** (Per Person) = \$20.00 **YOUTH** = \$10.00 **Associate** = \$15.00

Membership Renewal: (Buy 4 years, Get 5th Year Free)

2 year Membership: <input type="checkbox"/>	3 year Membership: <input type="checkbox"/>	4 year Membership: <input type="checkbox"/>	5 year Membership: <input type="checkbox"/>
Full: \$35.00	Fee: \$45.00	Fee: \$60.00	Fee: \$60.00
Youth: \$15.00	Fee: \$20.00	Fee: \$25.00	Fee: \$25.00
Associate \$25.00	Fee: \$35.00	Fee: \$45.00	Fee: \$45.00

*Please Note - Youth Memberships may only be renewed in if the applicant will remain under the age of 18 for the full term of renewal.

PHILANTHROPY**WOULD YOU LIKE TO MAKE A DONATION TO OMAA-THE WOODLAND MÉTIS TRIBE?**

I would like to pledge \$_____ annually / monthly (please circle one) in support of Rights Based Challenges, Métis Student Bursaries, or other Métis Cultural Programming.

METHOD OF PAYMENT**PLEASE MAKE CERTIFIED CHEQUES OR MONEY ORDERS PAYABLE TO OMAA THE WOODLAND MÉTIS TRIBE**

Total: \$_____ Certified Cheque Money Order

OATH

I hereby make application for membership with the Ontario Métis Aboriginal Association – The Woodland Métis Tribe and do swear that all of the information contained herein is true to the fullest extent of my knowledge. I understand that providing false statements or impersonating another individual within this application is considered a criminal act and will be punished to the fullest extent of the law. Should my application be accepted, I further agree to abide by the Constitution and By-Laws of OMAA - The Woodland Métis Tribe, along with all future amendments and pay the annual membership fees specified to me within this application. I understand that my membership may be revoked at any time, should I fail to adhere to the guidelines set within the Membership By-Laws. In the event that my card is lost, stolen or damaged, I agree to pay a \$5 replacement fee.

Signature of Applicant: _____ Witness: _____ Date: _____

COMPLETE THE ABOVE AND MAIL PAYMENT ALONG WITH ONE PASSPORT-STYLE OR PHOTO BOOTH PHOTO* TO:

OMAA - The Woodland Métis Tribe
203 Hardisty Street
Thunder Bay, Ontario
P7C 3G8
CANADA

If you have any questions or need assistance with filling out this form, please phone us at: +1 (807) 622-5249

***NOTE:** PLEASE *DO NOT SEND* PHOTOS PRINTED ON REGULAR PAPER. DO NOT SEND CROPPED, RETOUCHE or OTHERWISE DIGITALLY ALTERED PHOTOS. SENDING PHOTOS OTHER THAN THE REQUESTED FORMAT WILL RESULT IN YOUR APPLICATION BEING DELAYED UNTIL THE APPROPRIATE TYPE OF PHOTO IS RECEIVED.