

**North Sask. Rivers Metis Nation Local 269**

**(306) 981 -4047**

**Sklocal269@gmail.com**

**Application Information**

Surname of Applicant

Surname at Birth

Given Name(s)

Current Address

City, Province

Home Phone Number

Cell Number

E-Mail Address

Birth Date (dd/mm/yy)

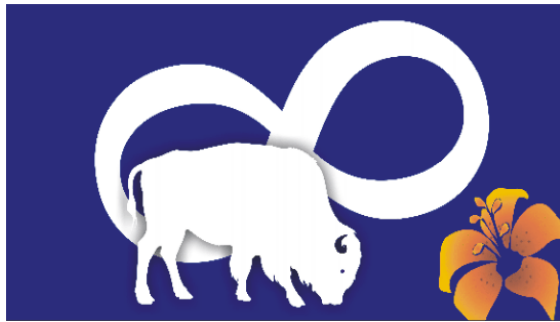
Valid Saskatchewan Health Card Number

Married/Single/Divorced/Common-law (circle one)

Spouse/Partner's Name

Are you currently a member of a Metis Local?

MN-S Card Number



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Parent's First & Last Name

Date of Birth (dd/mm/yy)

Place of Birth


Dependents Last Name

Given Name(s)

Date of Birth (dd/mm/yy)

MN-S Card Number


\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date