

Membership Contact Information Form

Local					
Date					
Membership Infor	rmation:				
Surname	First	Middl	le	Maiden Name	
				(if applicable)	
Street Address					-
City		Province		Postal Code	
Phone Number		Alterr	nate Phone Num	ber	
E-mail Address					
Please specify yo	our preference for	contacting you:	Phone E-mail		
				named Local for the pur e Manitoba Metis Feder	
Print Name (Mer	nber)	Signature		Date	-
Print Name (Witi	ness)	Signature		Date	-