



MANITOBA METIS FEDERATION INC.  
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Application Inquiries: 1-800-665-8474

### Expired Card Renewal Form

Name in Full (Please print):

\_\_\_\_\_  
Surname                      First Name                      Middle Name                      Maiden Name  
(if applicable)

MMF Citizenship Card #: \_\_\_\_\_

MMF Region: \_\_\_\_\_ MMF Local: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in. / \_\_\_\_ cm      Eye Colour: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Please specify your preference for contacting you:  Mail       Email       Phone

<p><b>For Internal Use</b></p> <p><input type="checkbox"/> Current Identification</p> <p><input type="checkbox"/> Receipt issued for payment</p> <p><input type="checkbox"/> Passport quality photo</p>
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