

CONAYT FRIENDSHIP SOCIETY

Alcohol and Drug Counselling
 Merritt Moms & Families Program
 Aboriginal Wellness Program
 Cultural & Community Programs
 Aboriginal Family Group Conferencing

"We're more than just a nice place..."

Housing Program
 Family Preservation Program
 Community Health Program
 Friendship Centre Bingo
 Elders Group

MEMBERSHIP APPLICATION FORM

Type of Membership
Elder (55&+) or Under 55 // . New or Renewal

Name: _____ Phone: _____

Mailing Address: _____ Postal Code: _____

Street Address: _____ Email Address: _____

Please provide two (2) pieces of ID:

 Driver's License
and
 Proof of Residential Address
or
 Copy of Utility Bill

Card Holder:	Date of Birth	Gender
Family Member Names:		

The following information is requested for our statistics and for the development of program activities

All information will be kept private and confidential

Please check ALL appropriate answers that apply

Ethnic Background:

Status Non-Status On-Reserve Off-Reserve Métis
 Other (Please Specify) _____

Marital Status:

Single Single Parent Married/Common-Law
 Divorced/Separated Widowed

Employment Status:

Employed (F/T or P/T) Self Employed Unemployed
 Student SA Pension

I hereby subscribe to the Conayt Friendship Society, I will up hold the goals of the Society. Please review our constitution upon acceptance.

I have enclosed **\$2.50 for Elder** Membership or **\$5 for Non-Elder** Membership for 2 years

Signature of Applicant _____

Signature of President _____

Date: _____

Paid – Elder/Individual

Receipt #: _____

Card #: _____