

Hamilton Regional Indian Centre

34 Ottawa Street North

Hamilton, Ontario

L8H 3Y7

Phone (905) 548-9593, Fax (905) 545-4077

Membership Application

The Hamilton Regional Indian Centre is a non-profit organization working with and for the Native Community. The Centre was created to meet the needs of the Hamilton and surrounding area urban Aboriginal population.

Our Centre is here to promote and deliver culturally appropriate programs. The programs encourage urban Aboriginal people to retain their culture and to become a part of society with full rights of independence. The Centre is here for the betterment of all Aboriginal people.

Membership Classification

Full Member	Those of Native ancestry who have full voting privileges at the Annual General Meeting and may run for the Board of Directors.
Associate Member	Those of Non Native decent, who are entitled to participant in all events and receive the newsletter but have no voting privileges.
Honorary/ Staff Member	Shall not be entitled to vote, but shall be entitled to notice of the Annual General Meeting, the by-monthly newsletter and to participate in all events.

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Membership Application

Please complete all sections. Incomplete applications will not be accepted.

Membership applications will not be accepted or processed without full payment.

It is your responsibility to inform HRIC Receptionist of any changes to your contact information.

Membership Type	<input type="checkbox"/> Family \$5.00 Consist of 1 or 2 adults and dependents (under 18 yrs)	<input type="checkbox"/> Individual \$3.00	Class of membership <input type="checkbox"/> Full Honorary <input type="checkbox"/> Associate
Name			Ethnicity <input type="checkbox"/> Native Status Yes: / No <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non Indigenous
	First Name	Last Name	
Name			Ethnicity <input type="checkbox"/> Native <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non Status
	First Name	Last Name	
Dependents Name(s) and age(s)			
NAME			Date of Birth Month /Day/Year
Mailing Address: Please include apartment # if required and street direction North, South, West, East			
	House #	Street Name	Apt#
Telephone :			
	Home Phone	Cell	
Email :			
How would you like to receive newsletter <input type="checkbox"/> Pick it up <input type="checkbox"/> e mail			
I, _____, the undersigned, agree that the above information is correct and that the information provided may be used for statistical purposes only. This information will not be sold or given to an outside organization.			
Signature		Date	
FOR OFFICE USE ONLY BELOW			
Name of Receiver:		Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
Date of Application		<input type="checkbox"/> Renewal <input type="checkbox"/> New membership	
Date Membership Card given/sent:		Number of registered votes :	