



WABANO CENTRE FOR ABORIGINAL HEALTH
299 Montreal Road, Ottawa, Ontario K1L 6B8
Phone: (613) 748-0657 ~ Fax: (613) 748-9364 ~ www.wabano.com

MEMBERSHIP APPLICATION FORM

Date: _____

This membership:

- Entitles you to participate in Wabano's activities
- Membership in the Corporation shall be limited to persons of Aboriginal origin interested in furthering the objects of the Corporation and shall consist of anyone whose application for admission as a Member has received the approval of the Board or their designate. Provided however, that the Board may limit membership in the Corporation to those persons of Aboriginal origin who ordinarily reside in the geographic area serviced by the Corporation (By-law No.1, item 3(b))
- Members must be 18 years of age, or over
- Each voting Member shall have the right to exercise one vote, provided he or she has been a Member of the Corporation in good standing for a period of thirty (30) days prior to the date of the meeting (By-law No.1, item 41)

NOTE: Membership must be purchased in person. All applications will be kept in strict confidence.

Name: _____

Mailing Address: _____

(incl. Postal Code) _____

Tel: _____

E-mail: _____

First Nations Inuit Métis

Documents provided: _____

If no documents provided, please provide a brief history of your Aboriginal ancestry:

Membership: ADULT: \$5.00 per year
 SENIOR: \$2.00 per year

Please make cheque/money order payable to: Wabano Centre for Aboriginal Health

Are you able to do volunteer work? Yes No

If yes, please specify your interests (for example: cultural activities, socials, special events, fundraising, etc.)

Signature: _____

*this membership must be renewed on a yearly basis *application is subject to Board of Directors approval

Signature: _____

John Francis, Member at Large