



## MEMBERSHIP CARD RENEWAL FORM

Name: \_\_\_\_\_ Membership # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers (at least one):

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

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

Provincial Health Care Card Number (ie. MCP#) \_\_\_\_\_

- Yes  No I give NunatuKavut permission to provide a copy of my family tree information to my relatives.
- Yes  No My spouse and/or I is/are a member(s) of the RCMP or Canadian Forces (please provide proof)
- Yes  No Are you currently living away from your permanent address to attend college or university?  
(Please provide proof i.e. Student ID)

### Declaration:

I hereby confirm that I am not a member of any other provincial or territorial Aboriginal organization.

I understand that as a member of NunatuKavut, I am fully responsible for notifying NunatuKavut of any changes that may occur in regards to my personal information, including current contact information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_