



MEMBERSHIP CARD RENEWAL FORM

(Please print clearly and complete all sections)

Name: _____ Date of birth: _____

Membership # _____ Expiry Date _____

Permanent Mailing Address
(please also include street 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: _____

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