



MEMBERSHIP CARD RENEWAL FORM

(Please print clearly and complete all sections)

Name: _____ Date of birth: _____
(Please provide legal name) mm/dd/year

Membership # _____ Expiry Date _____
mm/dd/year

Permanent Mailing Address:
(P.O Box & Street)

Telephone Numbers (at least one):

Primary: _____

Secondary: _____

Email Address: _____

Yes No I give NCC permission to provide a copy of my family tree information to my relatives.

Yes No Are you currently living away from your permanent address to attend college or university? (Please provide proof i.e. Student ID)

Yes No Are you a member of another Indigenous organization?

Declaration:

I hereby confirm the above information to be true and I understand that as a member of NCC, I am fully responsible for notifying NCC of any changes that may occur in regards to my personal information, including current contact information.

Signature: _____ Date: _____

Parent or Guardian Signature (if member is under the age of 16)

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