

ANISHNABE ALLIANCE 1019 rte 105, Chelsea (QC) J9B 1P3

info@aalliance.ca·www.aalliance.ca

PST#:

GST#:



Membership Form

information	
Organization name (if you are in category #1, #3 or #6):	
Full name: (organization' representative or if you are in category #2,#4,#5)	Address:
Phone:	City/Community:
Province/Territory:	Postal code:
Email:	Band No:
Community Affiliation	
Nation/First Nation Community:	Family clan (optional):
Membership Type	
Membership is free for category 1,2,3,4 & 5 . Category 6 (<i>fees are applicable</i>).	
<input type="checkbox"/> Category 1: Band Council-Chief, Councillor or GM. (<i>GM must be a registered First Nation</i>)	
<input type="checkbox"/> Category 2: Employee of the Anishnabe Alliance	
<input type="checkbox"/> Category 3: First Nation Associations/NPO	
<input type="checkbox"/> Category 4: First Nation individuals (<i>on or off reserve</i>) with a " status card "	
<input type="checkbox"/> Category 5: Recognized Experts	
<input type="checkbox"/> Category 6: Non-First Nation Associations/NPO + Private Companies. Fee :	
Annual fees are determined by the organization' Income- <i>please check a box.</i>	
<input type="checkbox"/> 2,000,000 or less= 500\$+tx	<input type="checkbox"/> 2,000,001 to 9M\$ = 750\$+tx
<input type="checkbox"/> 9,000,001\$ to 20M\$ = 1000\$+tx	<input type="checkbox"/> 20,000,001 + = 2000+tx
Skills & Interest (<i>optional</i>)	
Please indicate areas where you would like to contribute:	

ANISHNABE ALLIANCE 1019 rte 105, Chelsea (QC) J9B 1P3

info@aalliance.ca·www.aalliance.ca

PST#:

GST#:

<input type="checkbox"/> Housing & Infrastructure	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Cultural Programs & Ceremonies	<input type="checkbox"/> Economic Development
<input type="checkbox"/> Sports & Leisure	<input type="checkbox"/> Other: _____
Payment method (if category #6)	
<input type="checkbox"/> By check	
<input type="checkbox"/> Bank transfer	
Declaration	
I hereby apply for membership in the Anishnabe Alliance . I agree to uphold the values, traditions, and responsibilities of the Alliance and to contribute to the well-being of the organization.	
Signature:	Date:
Office Use Only	
Membership no:	Date approved:
Approved by:	Signature: