



Enaahtig Healing Lodge and Learning Centre
 4184 Vasey Road, P.O. Box 250
 Victoria Harbour, ON LOK 2A0
 (705) 534-3724
 (705) 534-4991 Fax
 Email: admin@enaahdig.ca

APPLICATION FOR MEMBERSHIP

RENEWAL _____ NEW _____

Please fill out both sides of the form. All information is confidential.

1.

First Name		Surname	
Mailing Address:			
Town/City:		Prov:	Postal Code:
eMail:			Phone:
First Nations: <input type="checkbox"/>	Inuit <input type="checkbox"/>	Metis: <input type="checkbox"/>	Non Indigenous: <input type="checkbox"/>

2.

First Name		Surname	
Mailing Address:			
Town/City:		Prov:	Postal Code:
eMail:			Phone:
First Nations: <input type="checkbox"/>	Inuit <input type="checkbox"/>	Metis: <input type="checkbox"/>	Non Indigenous: <input type="checkbox"/>

3.

MEMBERSHIP TYPE:

Single: <input type="checkbox"/>		Family: <input type="checkbox"/>	
Child(ren): (Under 18 years of Age)	Name:	DOB:	
	Name:	DOB:	
	Name:	DOB:	

CLASSES OF MEMBERSHIP: (Choose according to description)

General: <input type="checkbox"/>	Associate: (Friends of Enaahtig) <input type="checkbox"/>
Any person: a. Over the age of 18 b. Identifies as Indigenous c. Resides in the Catchment Area d. Accepted as a General Member by the Board of Directors e. Allowed to vote at Annual General Meetings	Any person: a. Over the age of 18 b. Does NOT identify as Indigenous OR c. Resides OUTSIDE of the Catchment Area d. Accepted as an Associate Member by the Board of Directors
Youth Member: <input type="checkbox"/>	Honorary Member: <input type="checkbox"/>
Any person: a. Between the ages of 14 and 18 b. Identifies as Indigenous c. Resides in the Catchment Area d. Accepted as a Youth Member by the Board of Directors	Any person: a. Considered by an Indigenous Community to be an Elder OR is 65 years of age or older b. Identifies as Indigenous c. Resides in the Catchment Area d. Accepted as Honorary Member by the Board of Directors

Please tell us a little bit about your interest:

Information collected may be used for statistical purposes with regard to funding and governance only.

1. How did you learn about EHL?	Website: <input type="checkbox"/> Facebook: <input type="checkbox"/> Advertisement: <input type="checkbox"/> Word of Mouth: <input type="checkbox"/> Other: please list
2. Have you been involved with EHL in any capacity previously?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<i>If yes, please list your previous involvement:</i>	
3. Why do you want to become a member of EHL?	
4. Are you on staff or on the Board of another indigenous organization?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<i>If yes, please name the organization:</i>	
5. Are you related to or in a relationship with a current employee of Enaahutig? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Do you foresee a conflict of interest for you? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
6. Please list any skills, knowledge or areas of volunteer work that you may wish to share with Enaahutig.	
7. Are you interested in becoming:	
Board Member: <input type="checkbox"/>	Youth Advisory: <input type="checkbox"/>

Signature:		Date of Application:	
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