



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:	Inuit	Metis:	Non Indigenous:	Band:

2.

First Name		Surname		
Mailing Address:				
Town/City:		Prov:		Postal Code:
eMail:				Phone:
First Nations:	Inuit	Metis:	Non Indigenous:	Band:

3.

MEMBERSHIP TYPE:

Single:		Family:	
Child(ren): (Under 18 years of Age)	Name:	DOB:	
	Name:	DOB:	
	Name:	DOB:	

CLASSES OF MEMBERSHIP: (Choose according to description)

General:	Associate: (Friends of Enaahtig)
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:	Honorary Member:
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:	Facebook:	Advertisement:	Word of Mouth:
	Other: please list			
2. Have you been involved with EHL in any capacity previously?		Yes:	No:	
<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:	No:	
<i>If yes, please name the organization:</i>				
5. Are you related to or in a relationship with a current employee of Enaahutig? Yes: No:				
Do you foresee a conflict of interest for you? Yes: No:				
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:			Youth Advisory:	

Signature:		Date of Application:	
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