



2-Spirited People of the 1st Nations

(All information provided is strictly confidential)

MEMBERSHIP APPLICANT INFORMATION

Name:

Today's Date:

Date of Birth:

Phone:

Current address:

City:

Postal Code:

Email:

MEMBERSHIP INFORMATION

- **Full Membership is available to those who identify as Indigenous and two-spirit, LGBTQIA.**
- **Associate Membership is available to those who are neither Indigenous nor two-spirit**

List the type of membership you are applying for;

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:

(For office use only) Membership approved date: