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Cree Women of Eeyou Istchee Association
Association des Femmes Cries de Eeyou Istchee

MEMBERSHIP FORM

Valid from one AGA to the next!

Name:		Date:
I am a New Member ☐	I am renewing my membership ☐	
Address:	Community	Postal code:
Tel:	Email:	
Age Category (check): ___ 13 – 17 ___ 18 – 35 ___ 36 – 54 ___ 55+		
Do you want to be added on our electronic distribution list? _____ Yes ____ No		
Do you accept to also become a member at Quebec Native Women (QNW) ? _____ Yes ____ No		

MEMBERSHIP CATEGORY:

____**Member** Eeyou/Eenou women from Eeyou Istchee from the ages of eighteen (18) years or over.

____**Junior Member** Eeyou/Eenou girls from Eeyou Istchee from the ages of thirteen (13) to seventeen (17).

For both Member and Junior, please indicate if you have a beneficiary number: Yes ____ No____

____**Friend Member** Anyone who is not a Member or Junior Member

____**Corporate Member** Any Organization/Entity, Association or Company (at the discretion of the Board)

For Friend and Corporate Member, please let us know if you are part of First Nation: Yes ____ No____

What is your daily occupation? _____

Help CWEIA advocate by sharing what are your concerns within our communities and/or Nation?

_____

_____

_____

Please share what are your expectations of CWEIA:

_____

_____

_____

What can you bring or contribute to your Local Women Association (LWA) and/or to CWEIA?

_____

_____

Membership Fee: $20.00: ____ paid to my LWA ____ paid to CWEIA ____ paid via payment deduction

_____

Signature

Thank you for becoming a member of CWEIA and your LWA!

www.cweia.ca