



**ABORIGINAL FRONT
DOOR SOCIETY**

APPLICATION FOR SOCIETY MEMBERSHIP

Name: _____

Address _____

Postal Code: _____

Mailing Address: _____

Postal Code: _____

(If different from home address)

Phone # _____

Email Address: _____

Are you of Aboriginal Ancestry? YES

YES

NO

I agree The Aboriginal Front Door Society may contact me regarding events and announcement

Signature: _____

Full Membership:

Full memberships shall be open to any Aboriginal person over eighteen (18) years of age upon acceptance by the Executive Director of The Aboriginal Front Door Society. Full Memberships entitles the member access to all of AFDS' services and voting privileges at our Annual General Meeting. A completed application, and fees paid in full as set out in these by-laws must be completed 14 days prior to the Annual General Meeting for voting privileges to apply.

Honourable Membership:

Any person interested in AFD or Volunteers over the age of eighteen (18) years may become an Associate member of the society upon acceptance by the Executive Director of The Aboriginal Front Door Society. Associate Members will have access to all of AFDS' services but shall not have voting privileges, but shall be entitled to attend meetings, speak at meetings and receive information which is delivered to voting members. A completed application, and fees paid in full as set out in these by-laws must be completed 14 days prior to the Annual General Meeting to qualify as a member-in-good-standing.

Please indicate your choice of Membership: Full Membership

Honourable Membership

Signature: _____

Date: _____

Please submit this form, and your membership fees to the Aboriginal Front Door Society:

OFFICE USE ONLY:

DATE/INITIAL FORM RECEIVED:	RECEIPT NUMBER	DATE/INITIAL DATABASE ENTRY