



ASSOCIATE MEMBERSHIP APPLICATION

North Island Métis
Room A124 – 740 Robron Rd
Campbell River, B.C. V9W 6J7
Telephone: 250-287-7417
Email: office@nimetis.com
Website: www.nimetis.com

Dear Applicant:

Thank you for your interest in becoming an associate member of the North Island Métis (NIMA). Application for associate membership to NIMA is available for:

- Family members of NIMA members in good standing
- People who identify as Métis but are unable to trace the history back to the Métis ancestral homeland

To begin the process of applying for NIMA associate membership, you will need to:

- Pay a non-refundable \$20.00 processing fee
- Fill in the NIMA associate membership application form

When your application is approved with NIMA, you must:

- Provide copies of your birth certificate or driver's license
- Pay the annual membership fee of \$25.00 per year. You may pay for up to 10 years in advance. If the application is for a child (0-17 years), the fee is \$10.00 for a 5 year membership. Payments are accepted using cash or e-transfer to finance@nimetis.com (please include your full name in the e-transfer message box as well)
- Maintain every effort to remain in good standing as an associate member of NIMA

Please note the following:

- Associate members do not have voting rights
- Associate members shall not hold a seat on the NIMA Board of Directors
- Associate members must be in good standing to attend events for free or lower cost.
- Outstanding dues must be paid before associate members can be in good standing
- Associate members are eligible to attend programming that specifies associate members or all Métis families.

If you have any questions, please do not hesitate to contact the office at 250-287-7417.



North Island Métis

Application for Associate Membership

The information provided in this document is collected in order to offer a NIMA Associate Membership and will not be released without your written consent.

Applicant Information	Please print clearly using blue or black pen only. Do not use pencil.
First name, Middle name	
Last name	
Street address	
City	
Postal code	
Mailing address	(if different)
Telephone	Home: _____ Cell: _____
Email	
Date of birth	_____ , _____ Month Day Year
<p>Gender identity: _____</p> <p>This question asks you to identify the term that best describes you at the present time. This question is not asking about sex assigned at birth or sexual orientation. Terms you can use include gender fluid, man, nonbinary, trans man, trans woman, two-spirit, woman.</p>	
<p>Connection to member of NIMA and/or do you self-identify as Métis?</p>	<p>Name: _____ Relationship: _____</p> <p>Self-Identify: <input type="checkbox"/> Yes <input type="checkbox"/> No MNBC Citizenship Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applicant signature	
Parent signature	(required if applicant is under 16 years old)
Date	
Witness signature	(witness must be 19 years or older)
Date	

MEDIA RELEASE FORM



I, _____, grant permission to North Island Métis, hereinafter known as the “Media” to use my image (photographs and/or video) for use in Media publications, including but not limited to, videos, emails, newsletters, NIMA’s website and social media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 16 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 16 years of age)



**NORTH ISLAND
MÉTIS**

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

(Completed form with signature is required)

I understand the contents of my North Island Métis associate membership application are confidential. All personal information is protected by the Personal Information and Privacy Act (PIPA) and may not be released to any individual, body or organization without my written or verbal consent.

I hereby authorize North Island Métis to store in hard and/or electronic copy the following contents of my North Island Métis application file:

- ❖ Individual Membership Application form, which includes the following information:
 - Name
 - Address
 - Phone number
 - Email address
 - Signature
- ❖ Consent to Release Confidential Information form
- ❖ Correspondence pertaining to my application
- ❖ Application checklist
- ❖ Contact log

I hereby authorize North Island Métis to use the information contained in my North Island Métis application file for the following purposes:

- ❖ Use of my residential address, email address and/or phone number for the purpose of receiving chartered Métis community updates, meeting notifications, events and program opportunities

I understand all information in regard to my application will be retained by the North Island Métis unless I provide written instructions to destroy and/or return all information I have submitted.

Name (please print): _____

Signature: _____ Date: _____

If citizen is under 16 years of age:
Name of parent or legal guardian (please print) _____

Signature: _____ Date: _____

Witness (must be 19 years+) (please print): _____

Signature: _____ Date: _____