



Tansi Friendship Centre Society
Box 418
Chetwynd, BC V0C 1J0
Phone (250) 788-2996 Fax (250) 788-2353
admin@tansifcs.com

MEMBERSHIP APPLICATION FORM

	Name	Birthday	M/F	Status (Metis/FN/ Non-Indigenous/Other)
Applicant				
Spouse				
Child				
Child				
Child				

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Are you willing to volunteer? Yes: _____ **No:** _____

I give my permission for my son/daughter's _____ photos or photos of myself _____ to be taken at any of the programs operated by the Tansi Friendship Centre Society. I understand these photos may be used for promotional purposes only, to advertise our programs and our Centre.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Expiration Date: _____

Amount Paid: _____

Staff Initial _____