



# Application for Membership with the MIKI'SIW Métis Association (MMA)

(Please print clearly using black or blue ink only. Do not use pencil.)

Legal Last Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Signature of Witness: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*If applicant is under age sixteen (16), a parent or guardian must sign this registration on their behalf. Registration forms must be witnessed by a person sixteen (16) years of age or older.*

Parent/Guardian Signature: \_\_\_\_\_

The MIKI'SIW Métis Association uses the definition of Métis as defined by the Métis National Council and accepted by the Métis Provincial Council of BC, of which we are an affiliate.

### **Métis Citizen as defined by the Métis National Council:**

A Métis Member/Citizen is a person who self-identifies as Métis; and is of historic Métis Nation ancestry; and is distinct from other Aboriginal Peoples; and is accepted by the Métis Nation.

*"Historic Métis Nation"* means the Aboriginal people then known as Métis or Half-Breed who resided in Historic Métis Nation Homeland.

*"Historic Métis Nation Homeland"* means the area of land in west central North America used and occupied as the traditional territory of the Métis or Half-Breed as they were known.

*"Métis Nation"* means the Aboriginal people descended from the Historic Métis Nation, which is now comprised of all Métis Nation citizens and is one of the "Aboriginal Peoples of Canada" within s.35 of the Constitution Act of Canada of 1982.

*"Distinct from other Aboriginal Peoples"* means distinct for cultural and nationhood purposes.

### **Volunteering**

Are you interested in volunteering with the MIKI'SIW Métis Association? Please inquire as to specific opportunities available. \_\_\_\_ Yes \_\_\_\_ No

Do you have any cultural knowledge or skills that you would be interested in sharing? \_\_\_\_ Yes \_\_\_\_ No

If yes, do you consent to be added to our cultural database?

Please list types of skills or knowledge: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed application to:**  
**MIKI'SIW Métis Association (MMA)**  
**207-576 England Avenue, Courtenay, BC V9N 2N3**  
**Phone: (250) 871 7353**



# Application for Membership within the MIKI'SIW Métis Association (MMA)

## Genealogical Information

### Your Mother

Mothers Full Name: \_\_\_\_\_

Mothers Date of Birth: \_\_\_\_\_

Mothers Place of Birth: \_\_\_\_\_

Ancestry: (✓): Métis \_\_\_\_\_ Status Indian \_\_\_\_\_

Non-Status \_\_\_\_\_ Other \_\_\_\_\_

### Your Father

Fathers Full Name: \_\_\_\_\_

Fathers Date of Birth: \_\_\_\_\_

Fathers Place of Birth: \_\_\_\_\_

Ancestry: (✓): Métis \_\_\_\_\_ Status Indian \_\_\_\_\_

Non-Status \_\_\_\_\_ Other \_\_\_\_\_

### Your Métis Ancestry (Check those that apply):

Métis Grandmother: \_\_\_\_\_

Date & Place of Birth/Death: \_\_\_\_\_

Métis Grandfather: \_\_\_\_\_

Date & Place of Birth/Death: \_\_\_\_\_

Métis Great Grandmother: \_\_\_\_\_

Date & Place of Birth/Death: \_\_\_\_\_

Métis Great Grandfather: \_\_\_\_\_

Date & Place of Birth/Death: \_\_\_\_\_

Métis Great Great Grandmother: \_\_\_\_\_

Date & Place of Birth/Death: \_\_\_\_\_

Métis Great Great Grandfather: \_\_\_\_\_

Date & Place of Birth/Death: \_\_\_\_\_

## Oath of Allegiance

I, \_\_\_\_\_ declare that I hold myself out to be a Métis citizen distinct from First Nations Indian, Inuit and Non-Aboriginal. I do hereby apply for permanent membership with the MIKI'SIW Métis Association (MMA). Further should I be granted membership with the MMA, I will abide by all the rules, bylaws and amendments there to of the MIKI'SIW Métis Association.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signature \_\_\_\_\_

## INFORMATION REQUIRED FOR MMA MEMBERSHIP CARD

Legal Last Name: \_\_\_\_\_

Legal Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex (✓): Male \_\_\_\_\_ Female \_\_\_\_\_

### **For Office Use Only**

MMA Card Number:

Application Date:

Region:

Name of Issuer:

### **COST OF ANNUAL MEMBERSHIP:**

**\$10.00 plus \$10.00 initial fee - Adult (15 years of age and older)**

**\$5.00 plus \$5.00 initial fee - Child (up to 14 years of age)**

**\$10.00 Extra of lost or stolen card**

**\$10.00 Transfer from another Local**