# No

## **Nova Métis Heritage Association**

## **Membership Application**

Mailing Address – #307-16233 82 Ave, Surrey, BC V4N 0P7 Submission by email – membership@novametis.ca

SURNAME: Given Name(s):  Address: City: Postal Code:  Contact: Phone Primary: Other: Email:  Are you a Métis person? (Y/N): BC Métis Card # (if applicable)?:  Birth Date: Birth Place:  Current Height(cm): Weight(kg): Hair Colour: Eye Colour:  Schooling?: Occupation?: Veteran? (Y/N):  Please provide information below for both parents and grandparents, etc.  Also, please provide maiden names for all ancestral mothers.  Family information is required to show Métis ancestry.  Father's Name: Mother's Name:  Birth Date: Is he Métis? (Y/N): Birth Date: Is she Métis? (Y/N):  Birth Place: Birth Place:  Paternal Grandfather: Maternal Grandfather:  Birth Date: Is he Métis? (Y/N): Birth Date: Is he Métis? (Y/N):  Birth Date: Is she Métis? (Y/N): Birth Date: Is she Métis? (Y/N):  Birth Date: Birth Place:  Paternal Grandmother: Maternal Grandmother:  Birth Date: Is she Métis? (Y/N): Birth Date: Is she Métis? (Y/N):  Birth Place: Birth Place:  With my signature, I hereby agree and state to: a) abide by the Constitution of the Nova Métis Heritage Association (NMHA), b) that all the above information provided about myself and my family's Métis ancestral roots are true and correct, to the best of my knowledge, c) consent to the Release, Use, and Storage of Confidential Information by NMHA, as described on page 2 of this Membership Application, and d) allow NMHA to contact me about Métis and NMHA matters.  Signature: Date:  Please visit our website for more information and news at NovaMetis.ca  Nova Métis Registration and Card Number: 602-04-  Fees paid: Receipt No. Approved by:  Filed: Database Entry: (initials)	SURNAME: Given Name(s):					
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## **Nova Métis Heritage Association**

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### **Nova Métis Heritage Association - Consent to Release Confidential Information**

I understand the contents of my Nova Métis Heritage Association (NMHA) membership application are confidential. All personal information is protected by the Freedom of Information and Protection of Privacy Act and may not be released to any individual, body, agency or organization, without my written consent.

#### **Purpose for the Disclosure of Personal Information:**

The NMHA will be using and sharing your information, to the extent necessary, toward historical research in relation to contemporary and historical Métis communities, traditions, and customs. In addition to the purposes set forth above, your personal information may be used to trace your ancestry, to research and record personal details as necessary for the exercise and preservation of cultural practice and traditions.

#### **Sharing your Personal Information:**

I consent to the use of my personal information as stated above, to the extent permitted by the Freedom of Information Act and authorized researchers in the interests of historical accuracy and genealogy.

#### **Storage of Personal Information:**

I understand my personal information will be stored in hard copy and as computer data at the NMHA head office, or other NMHA authorized locations, and with authorized researchers as designated by the NMHA. This consent will remain in effect until such time as it is cancelled in writing by me.

Family information is also needed to show the link to your Métis ancestry from the Traditional Métis Nation Homeland.

Additional Information or Comments:	