



# Indigenous People's Alliance of Manitoba Application for Membership

• **Complete each section** • **Sign and date the application** • **Include payment** (Money Order or Certified Cheque ONLY payable to IPAM)

**Attach:** • Recent 1x1 photo of yourself (head & shoulders) • Copies of Birth Certificate & photo ID  
• Copies of Birth Certificates of children, • Copies of Birth Certificate, photo ID, and proof of Aboriginal Ancestry of spouse

**Mail to:** 5 St. Anne's Road, Winnipeg, MB. R2M 2X9 **Call:** (204) 255-0610

**NOTE: Incomplete applications will be returned. Please ensure all steps are completed.**

**Aboriginal Status:**  Check appropriate Answer

Métis     Status with Band Membership     Status without Band Membership     Non-Status     Inuit

**Do you normally live on a First Nation (Native) Reserve?**     Yes     No

**Personal Information:** Please print answers

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Box #/ R.R. Street City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  Male  Female  
If Applicable Day/Month/Year

Please list your Métis community or affiliated organization: \_\_\_\_\_

Eye Colour: \_\_\_\_\_ Height: \_\_\_\_\_

**Children:** Please print answers (If needed, please attach any additional children on an extra sheet of paper)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Day/Month/Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Day/Month/Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Day/Month/Year

**Permission:** By signing below, I give permission for my file to be accessed on behalf of anyone sharing my ancestry.

**Declaration:** For admission as a:  Regular member  Associate member

I hereby make an application for membership in the Indigenous People's Alliance of Manitoba. I declare that I am an Indigenous person of North America and that I am the full age of 18.

I consent to the use of the optional information for demographic membership data used for the purposes of statistical analysis of membership needs and for factual support in submitting funding applications for programs and services. I understand that this data will be used for general membership information and that IPAM will not divulge my individual information without my written consent.

Any person of Aboriginal descent but not a band or tribal member residing on a reserve, in accordance with the Coalition of Aboriginal People.

**Payment:** Application Fee \$5.00 per person (youth included). **NO Renewal fees** effective Sept. 15, 2013. **Replacement card fees \$20.00**

Money Order     CHEQUE (Certified Cheque ONLY payable to IPAM)

**Total Amount Attached:** \$

**Applicant Signature:** Please sign within the red space below

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Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year