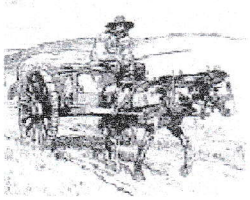

VANCOUVER

MÉTIS CITIZENS SOCIETY

Individual and Family METIS Citizen Application

Name of Applicant: First Middle Last		
Address: Apt# Street City Province Postal Code		
Home Phone: ( )	Business or cell: ( )	Email:
Date of Birth: (dd/mm/yyy)	Place of Birth: (city and province)	

Gender ☐ M ☐ F **British Columbia Metis Federation (BCMF) or other Provincial Membership Card : REGISTRATION NUMBER #**

Please Provide your Metis Genealogy/Family Tree dated as far back as you can go.

Applicant Father's Full Name	Applicant Mother's Full Name (use maiden name)
Applicant Father's Date of Birth: (dd/mm/yyyy)	Applicant Mother's Date of Birth: (dd/mm/yyyy)
Applicant Father's Place of Birth: (city and province)	Applicant Mother's Place of Birth: (city and province)

Full name of the Mother(s) or Father(s) of the Applicant's children (use maiden name for Women). Choose the appropriate parent (i.e., the father if you are the mother and vice versa)	Parent's Date of Birth (dd/mm/yyyy)	Parent's Place of Birth (city and province)
1._____	1._____	1._____
2._____	2._____	2._____

Applicant's Children (First, middle and last name. Attach separate sheet if necessary)	Child's Date of Birth (dd/mm/yyyy)	Gender	Child's Place of Birth: (city and province)
1. _____	1._____	1. ☐ M ☐ F	1._____
2. _____	2._____	2. ☐ M ☐ F	2._____
3. _____	3._____	3. ☐ M ☐ F	3._____
4. _____	4. _____	4. ☐ M ☐ F	4._____

VMCS Community Involvement

Are you willing to volunteer your skills and time for our community? ☐ **Yes** or ☐ **No**