



**Wâhkôhtowin Iskwêwak Cancer Survivor Society – Membership Application**  
**PO Box #69132 – 13040 137 Avenue NW, Edmonton, Alberta T5L 5E3**

Wâhkôhtowin Iskwêwak Cancer Survivor Society membership (16+) for Indigenous women only who are either cancer survivors or have family who have or have had cancer. Membership fee of \$5.00 is payable by cash only.

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL

CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

INDIGENOUS      First Nations      Metis      Inuit  
IDENTITY:

CANCER      YES      NO  
SURVIVOR

DATE OF      MONTH:      DAY:      YEAR:  
BIRTH:

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

RELATION: \_\_\_\_\_

Do you want to Volunteer?    Yes    No  
Type of Volunteer position:    Retreat Planning      Cultural Activities  
   Monthly Circles      Other



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## Photo Release waiver

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The personal information collected from you is protected under the Personal Information and Protection Act (PIPA) of Alberta (2204) latest amendment (December 17, 2014). The information will be used to administer registrations and memberships, to provide information to members and may be used for satisfaction surveys. Data will also be used for program planning and evaluation. If you have any concerns about the collection of personal information, they should be directed in writing to the President and/or Board of Directors:

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**PO Box #69132 – 13040 137 Avenue NW, Edmonton, Alberta T5L 5E3 or email**  
**at WICSSociety@gmail.com**

Signature: \_\_\_\_\_

Date (MM,DD,YEAR): \_\_\_\_\_

For more information, please visit our website at: [www.Wahkohtowin-Iskwewak-Cancer-Survivor-Society.com](http://www.Wahkohtowin-Iskwewak-Cancer-Survivor-Society.com)