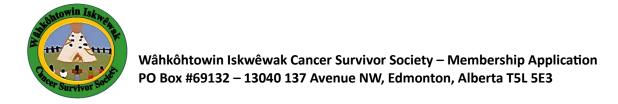


## Wâhkôhtowin Iskwêwak Cancer Survivor Society – Membership Application PO Box #69132 – 13040 137 Avenue NW, Edmonton, Alberta T5L 5E3

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 Na	ations	Metis	Inuit	
IDENTITY:					
CANCER	YES	NO			
SURVIVOR					
DATE OF BIRTH:	MONTH:		DAY:	YEAR:	
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EMERGENCY (	CONTACT	INFORM	IATION:		
NAME:					
PHONE #:					
RELATION:					
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Type of Voluntee	i position:	Retreat I Monthly	_	Other	
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## Photo Release waiver

I understand that my image may be copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

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:

Wâhkôhtowin Iskwêwak Cancer Survivor Society – Membership Application PO Box #69132 – 13040 137 Avenue NW, Edmonton, Alberta T5L 5E3 or email at WICSSociety@gmail.como

Signature:	
Date (MM,DD,YEAR):	
For more information, please visit our website at:	www.Wahkohtowin-Iskwewak-
Cancer-Survivor-Society.com	