



Native Alliance of Québec Inc.

AUTHORIZATION FROM A MEMBER TO USE PERSONAL FILE FOR A NEW APPLICANT

APPLICANT INFORMATION (THE PERSON WHO WISHES TO BECOME A MEMBER):

NAME	
ADDRESS	
PHONE NUMBER	
DATE OF BIRTH	
RELATION TO THE MEMBER	
NAME OF PARENTS	FATHER
	MOTHER

MEMBER INFORMATION (MEMBER WHO WILL GIVE THE AUTHORIZATION):

NAME	
CARD NUMBER	
NAQ COMMUNITY	

AUTHORIZATION:

I, the undersigned, (Name of member) _____ authorize the applicant, whose name appears above, to utilize my personal file and provide copy of my information in order for the applicant to complete his application with the Native Alliance of Québec Inc.

Member's signature: _____ Date: _____

IMPORTANT: PLEASE NOTE THERE IS A 25\$ FEE FOR A COPY OF GENEALOGY SENT BY MAIL BUT FREE IF SENT BY EMAIL.

NOTE: IF A MEMBER IS DECEASED, THE AUTHORIZATION CAN BE OBTAINED FROM THE EXECUTOR OF THE WILL, IN SUCH A CASE PROOF MUST BE OBTAINED.