

# Native Alliance of Québec Inc.

### **Community Transfer Request DUES OWED FOR 5 YEARS OR MORE**

I, the undersigned (Name of member requesting a transfer)			
Registry no	from community #C	Community name	
am requesting a transfer to c	ommunity #	of	
I confirm that this request is made of my own free will and that it is not made because of solicitation from another community.			
The reason for my transfer request is the following:			
Address			
Street address:		Residential telephone #:	
City:		Cellular #:	
Province:	_Postal Code:	Email address:	
SIGNATURES			
Member signature:		Date:	
Existing community signature	e:	Date:	
New community signature:		Date:	
(Please note that this form can be s membership in the community).	signed by either the Commur	ity President or the person in charge of the	
Instructions			

Please forward this completed form to the NAQ Head Office. Please remember to pay your membership dues at the same time.

President Grand Chief signature: \_\_\_\_\_ Date: \_\_\_\_\_



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#### **RENEWAL FORM**

This renewal form only applies to expired membership cards.

Please make sure that all information fields have been completed, that you have joined a new passport-photo, that you have signed on the identification page and that your membership fees are up-to-date with your community. We also ask that you provide your parents' and your children's names in order for NAQ to update your file.

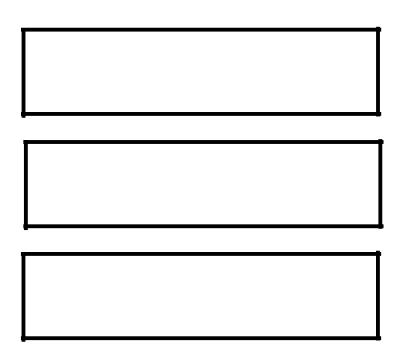
Last Name:	FirstName:
Address:	
City:	
Province:	PostalCode:
Telephone:	Email:
Date of Birth:	
Registration #:	
Membership Card Expiration	date:
Parents' names: Mother:	
Father:	
Signature:	Date:



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IDENTIFICATION Photo and signature are mandatory.





PLEASE ANNEX A COLOR PASSPORT PHOTO FORMAT (2 x 2 ¾) AND SIGN CLEARLY IN BLACK INK IN ONE OF THE RECTANGLES ON THE RIGHT-HAND SIDE. MAKE SURE DO NOT EXCEED THE LINES