



Rainy River First Nations

Membership Contact Form

***Please ensure that form is filled out completely and accurately**

Full Name:	First	Middle	Last
Mailing Address:	Street	Apt #	P.O. Box
	City/Town	Province/State	Postal Code/Zip Code
Phone:			
Email:			
Membership Number:	Date of Birth:		
	Month	Day	Year
Dependents: -Full legal names -Date of Birth -17 & under registered with RRFNs			

Consent to share personal contact information with:

RRFNs Special Bulletins <input type="checkbox"/>	RRFNs Elections (Electoral Officers) <input type="checkbox"/>	RRFNs Trust <input type="checkbox"/>
RRFNs Program Information <input type="checkbox"/>	RRFNs Administration Mass Mail-outs <input type="checkbox"/>	

Due to privacy laws, we request that if you would like to have your personal contact information shared (mailing address, phone number and email) with any of the above items, please check all that interest you if you would like to receive information or mail-outs. Please sign and date.

Full Legal Name (Print)	Signature	Date
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When completed, please put in a sealed envelope marked confidential, addressed to Membership Registrar and mail to:

Rainy River First Nations, P.O. Box 450, Emo, Ontario P0W 1E0

Or email to: Membership@manitourapids.ca

Note: for those who email the form with checked boxes, your consent will be presumed with the email being your digital signature.

Or Drop off at the Main Administration Building, 6 Manitou Rapids Drive, RRFN

Please keep your contact information current. As information changes, please let us know as soon as possible.