ᐅᑦᓗᖓᓂ ᑐᓂᔭᖅ	ᑐᒃᓯᕋᐅᑎᐅᑉ ᓈᓴᐅᑎᖓ ᐊᒻᒪᓗ ᐅᖃᐅᓯᑦᓴᐃᑦ

ᑐᒃᓯᕋᐅᑦ ᐋᖅᑭᒋᐊᖅᑕᐅᖁᔨᓂᕐᒧᑦ ᓇᒻᒥᓂᖅ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᖁᑎᖏᓐᓄᑦ

ᑐᓴᒐᒃᓴᓂᒃ ᑎᒍᓯᓂᕐᒧᑦ ᐊᒻᒪ ᓴᐳᒻᒥᔾᔪᓂᕐᒧᑦ ᑲᙵᓇᖅᑐᓂᒃ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᓂᒃ ᐱᖁᔭᖅ

ᑖᓐᓇ ᑐᒃᓯᕋᐅᑦ ᐱᔾᔪᑎᓕᒃ ᐃᒪᐃᑦᑐᓂᒃ:

☐ My own personal information

☐ Personal information for another person
(Attach proof of authority to act for the person)

ᓇᓪᓕᐊᓐᓂᒃ ᒐᕙᒪᒃᑯᑦ ᑎᒥᖁᑎᖏᓐᓂᒃ ᑐᒃᓯᕋᖅᐱᑦ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ? (ᑎᑎᕋᕐᓗᒍᑦ ᒐᕙᒪᒃᑯᑦ ᐱᓕᕆᕕᖓ, ᑎᒥᖁᑎᖓ, ᐅᕝᕙᓗ ᑲᑎᒪᔨᖏᑦ)

ᑐᒃᓯᕋᐅᑎᓕᐅᖅᑐᖅ

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	ᐊᑎᓕᖅᑮᑦ	ᐊᑏᑦ
ᑲᒻᐸᓂᐅᑦ ᐊᑎᖓ (ᐱᑕᖅᑲᖅᑲᑦ)		
ᑐᕌᕈᑎᑎᑦ		
ᓯᑎ ᐅᕝᕙᓗ ᓄᓇᓖᑦ	ᐊᕕᑦᑐᖅᓯᒪᕕᖓ	Postal Code
ᐅᖃᓚᐅᑏᑦ (ᐊᖏᕋᕐᒥ)	ᐅᖃᓚᐅᑏᑦ (ᐃᖅᑲᓇᐃᔭᕐᕕᒻᒥ)	ᓱᒃᑲᔪᑦᑯᕈᑏᑦ

ᑭᓯᓂᒃ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᑐᒃᓯᕋᖅᑭᑦ ᑕᒻᒪᖅᓯᒪᔪᓂᒃ ᐋᖅᑭᒋᐊᖅᑕᐅᖁᔨᓪᓗᑎᑦ?

ᑎᑎᕋᒃᑭᑦ ᓇᓗᓇᐃᔭᕐᓗᒋᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐅᕝᕙᓗ ᑐᖅᑯᖅᑕᐅᓯᒪᔪᑦ ᑐᑭᓯᓇᖅᑎᒐᓱᐊᕐᓗᒋᑦ. ᑎᑎᕋᖅᑕᓕᒫᓇᓗᒋᑦ ᐊᑎᖏᑦ ᐊᔾᔨᒌᖏᑦᑐᑦ ᓇᓗᓇᕈᑕᐅᑐᐃᓐᓇᓇᐊᓖᑦ ᑭᓇᐅᓂᕐᓄᑦ. ᐃᓂᑦᓴᖅᑲᒃᑲᓐᓂᓇᐊᖅᑲᕈᕕᑦ ᑎᑎᕋᕐᕕᑦᓴᓂᒃ, ᐊᓯᖏᓐᓂᒃ ᐸᐃᑉᐹᓂᒃ ᑎᑎᕋᕐᕕᑦᓴᓂᒃ ᐊᑐᕈᓐᓇᖅᑐᑎᑦ.

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ᑎᑎᕋᕐᓗᒋᑦ ᓇᓗᓇᐃᔭᒃᑭᑦ ᑕᒻᒪᖅᓯᒪᔪᑦ ᐋᖅᑭᒋᐊᖅᑕᐅᖁᔭᑎᑦ ᐊᒻᒪᓗ ᐱᔾᔪᑎᖏᑦ. ᐃᓚᒋᓕᐅᔾᔨᒍᓐᓇᖅᑐᑎᑦ ᐊᓯᖏᓐᓂᒃ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ.

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ᑕᕝᕙᓂ ᓇᒻᒥᓂᖅ ᐃᓅᓯᕐᓄᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᓄᐊᑕᐅᓯᒪᔪᑦ ᒪᓕᑦᑕᐅᓪᓗᑎᒃ ᑐᓴᒐᒃᓴᓂᒃ ᑎᒍᓯᓂᕐᒧᑦ ᐊᒻᒪ ᓴᐳᒻᒥᔾᔪᓂᕐᒧᑦ ᑲᙵᓇᖅᑐᓂᒃ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᓂᒃ ᐱᖁᔭᖅ, ᐊᒻᒪᓗ ᐊᑐᖅᑕᐅᓂᐊᖅᑐᑦ ᑭᐅᒍᑕᐅᓗᑎᒃ ᑐᒃᓯᕋᐅᑎᒋᓯᒪᔭᒃᓄᑦ. ᐊᑭᓖᒋᐊᖃᑐᐃᓐᓇᓇᐊᖃᖅᑐᑎᑦ ᑐᓂᔭᐅᓂᐊᕈᕕᑦ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᑐᒃᓯᕋᖅᑕᓐᓂᒃ.

ᑐᒃᓯᕋᖅᑐᖅ ᐊᑎᓕᐅᕐᓗᓂ: _____ ᐅᓪᓗᖓ: