



LANDS, MEMBERSHIP AND RESEARCH
DEPARTMENT

Adult Fillable Community Wellness Application

To open document, double click the attachment. Once it opens, click view (top left of screen), then click edit document.

The fillable fields contain the words “Click or tap here to enter text” and they will be blue when you hover over it. Additional fillable fields may also display as grey squares (■) or boxes (□). The box is not visible once you make your choice. If you click the wrong box, click it again and the check mark will disappear. Clicking the bottom right corner of the box seems to work best.

Full Name – Click on the grey words, enter information

Registry Number - Click on the grey words, enter information

Full Mailing Address – Click “Select” next to “New Address” and choose yes or no. Click on the grey words, enter information.

Birthdate – Click on the first grey square and enter the year. Repeat for the month and day.

Email Address – Click on the grey words, enter information

Telephone Number - Click on the first grey square and enter the Area Code. Repeat for the remainder of your phone number

Payment Method – Click on the square that indicates the method that you would like to receive your payment. If choosing direct deposit, please ensure that you check “on file” or “new account.”

Authorizing MCFN to use your address/email - Click on the grey words, enter your initials

Signature - Click on the grey words, enter your first and last name

Date – Click on the grey words. An arrow will appear, click the arrow to add the date to your application

When the form is completed, save it and then it can be emailed to cw@mncfn.ca or it can be printed and mailed to the address on the application. Ensure that you also include 2 pieces of ID, front and back.

LANDS, MEMBERSHIP AND RESEARCH DEPARTMENT

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