



Native Alliance of Québec Inc.

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

MEMBER INFORMATION:

NAME	
CARD NUMBER	
NAQ COMMUNITY	

APPLICANT INFORMATION:

NAME	
DATE OF BIRTH	
RELATION TO THE MEMBER	

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 THAT THERE IS A FEE OF 25.00\$ FOR A COPY OF A MEMBER'S FILE.

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.