

THE FUN FARMING CLUB

Personal Information		
Last Name	First Name	Middle Name(s)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (day, month, year)	
Permanent Mailing Address (Street, Apartment, PO Box Number, or General Delivery)		
City/Town/Community	Province/Territory	Postal Code
Email Address:		
Telephone Number:	Alternate Telephone Number:	
Have you been a resident of the Northwest Territories since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No, since _____ <input type="checkbox"/> I am not a resident of the NWT		
Do you have any medical conditions or allergies of which the Institute should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Contact Person in Case of Emergencies		
Name	Relationship	Work Phone: Cell Phone:
Ancestry and Citizenship Information		
Are you: <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Inuit/Inuvialuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Native		
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other important details		
Applicant Declaration		
I certify that the information provided by me is true and that no relevant information has been withheld. I understand that any or all of this information may be verified in order to process my application. I also agree that I will abide by all Institute rules, regulations and policies if I am admitted into the Northern Farm Training Institute.		
Signature:	Date:	