**KESPU’KWITK MÉTIS COUNCIL**

*Mailing & Office Address: 368 Main Street, Lovitt Plaza, Suite 221*

 *Yarmouth, Nova Scotia B5A 1E9 Email Address: kmcmetis@gmail.com Website:* [*www.kmcmetis.ca*](http://www.kmcmetis.ca)

*Facebook: Kespu’kwitk Metis Council Office Phone: 902-742-6591*

 ***CARD REMAKE***

 ***(for current card holders only)***

***Applicant’s Information:***

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Maiden Name *(if applicable*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First & Middle Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_**

 **Day Month Year**

**Telephone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **APPLICANT’S SIGNATURE**

 **\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

 **Day Month Year**

**Please include a current “passport size” headshot photo with your application *(good quality* *photos only. Photocopied ID cards are no longer accepted).***

**PLEASE RETURN THE COMPLETED FORM, PHOTO, AND EXPIRED CURRENT KMC CARD TO:**

**Kespu’kwitk Métis Council, P.O. Box 424, Yarmouth, N.S. B5A 4B3**

***OR email the completed form, and a headshot photo taken from a mobile phone.***

***Payment may be made by cheque, cash or E-transfer at this email address.***

Total cost is $15.00

**PREVIOUS CARD NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only / NEW CARD NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**