

MANITOBA METIS FEDERATION INC.

300 – 150 Henry Avenue Winnipeg, Manitoba R3B 0J7

Phone: (204) 586-8474 Fax: (204) 947-1816

Website: www.mmf.mb.ca

Application Inquiries: 1-800-665-8474

Expired Card Renewal Form

Name	Middle Name	Maiden Name (If applicable)
	MMF Local:	
Current	Age:	
cm Ey	e Colour:	
Postal	Code:	
(W)		(C)
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nce for contac	cting you: Mail □	Email ☐ Phone ☐
	Name Current cm Ey Postal	