



ONTARIO ABORIGINAL LANDS MANAGERS ASSOCIATION

MEMBERSHIP APPLICATION

MISSION STATEMENT

Organization of Committed First Nations in Ontario to
Actively Network towards the Enhancement of Professional Development, Technical
Expertise and Capacity Building in
Lands Management Issues to
Achieve a Recognized Role within the Various Levels of Government and Provincial
Territorial Organizations

***Please note that OALA is a non-political, not for profit corporation.**

***Please complete information below**

Name of Applicant Organization:

Mailing Address: _____

Organization Website: _____

Contact Name: _____

Contact Title: _____

Contact Telephone No. _____ Fax: _____

Email: _____

Please check the following that applies to your organization:

First Nation	<input type="checkbox"/>
Not-For-Profit – Ontario	<input type="checkbox"/>
Not-For-Profit – Canada	<input type="checkbox"/>
For Profit Corporation (please attach a copy of Certificate of Incorporation)	<input type="checkbox"/>
Charity	<input type="checkbox"/>
Political or Lobbying Organization	<input type="checkbox"/>
Non-Political Association	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Other than a First Nation, please attach a copy of your constituting documents (Articles of Incorporation, Letters Patent, Partnership Agreements)

Organization Mission Statement (if Applicable)

(please describe or provide a copy of your organization’s Mission Statement below or attach a letter)

**Please Briefly Describe
The Scope of Your Organizations Activities
(NOT APPLICABLE TO FIRST NATIONS)**
(attach any documents you think are important)

On behalf of the Applicant First Nation or organization, I hereby make application to become a member of OALA and certify that all information contained herein is true and accurate. Further, I support the goals and objectives of the National Aboriginal Lands Managers Association and understand that this organization is not a political or lobbying organization.

Applicant's Signature on behalf of Organization:

I have the authority to bind the First Nation or Corporation

Date: _____

OFFICE USE ONLY

Date Complete Application Received: _____

Date Approved by Board: _____

Resolution No. _____

Resolution Date: _____

Please complete, sign and send this form by email to the OALA Coordinator, Jessica Pickett (ed@oala-on.ca) or by mail to Ontario Aboriginal Lands Association, 9119 West Ipperwash Road, Unit B, Kettle and Stony Point First Nation, Ontario N0N 1J1.