



Metis Settlements General Council

Métis Harvester Application

Settlement office _____

First and Last Name:	
Date of Birth:	
Address:	
Email:	
Home / cell phone:	
Wildlife Identification Number (WIN):	(if member has one)
Membership Number:	
Already approved by GOA?	(for what area?)

CONSENT AND RELEASE

PERSONAL INFORMATION COLLECTION NOTIFICATION

This personal information is collected under section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) for the purposes of informing your application to the Metis Settlement to be recognized as a Metis Harvester in Alberta, in accordance with the criteria outlined in the Government of Alberta's "Metis Harvesting in Alberta" policy. The information you provide through your application will be retained by the Metis Settlement and/or Metis Settlements General Council. If your application is approved by your Settlement Council, your name, date of birth, Settlement membership number, WIN (if applicable) and the Harvesting Areas you are approved for will be shared with the Government of Alberta so that they are aware of your status as an approved harvester.

I, _____, hereby give my consent to the MSGC to use or cause to be used my genealogical information, as provided by me or by an authorized representative of the Metis Settlement to which I am a member, for research purposes. Any personal information about any living member of my family will not be shared or released by the MSGC to any third party without express permission of said living member of my family.

I understand that research staff at the MSGC may need to contact me from time to time to verify information.

Signature of Applicant

Signature of Settlement staff receiving applications

Date _____

OUR PEOPLE. OUR LAND. OUR CULTURE. OUR FUTURE.

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