CINE Membership Application Form

Centre for Indigenous People’s Nutrition and Environment
Macdonald Campus of McGill University
2111 Lakeshore Road, Ste Anne de Bellevue, Qc
Canada, H9X 3V9

Name: ________________________________
Address: ________________________________
________________________
City: _______________ Province/State: ____________
Postal/Zip Code: _______________ Country: _______________________
Phone Number: _______________________
E-mail: ____________________________

Aboriginal Communities for your research (culture and location)

__________________________________________

Existing CINE Member Sponsor: ____________________________
If Student, name of CINE member supervisor: _______________________

Please enclose evidence of endorsement by your CINE member sponsor with this form.