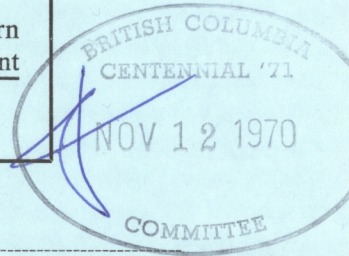


APPLICATION FOR THE PIONEER MEDALLION

ELIGIBILITY

For purposes of this award, a *Pioneer* shall be any person who was either born in Canada or a resident of Canada prior to January 1, 1897, but must be a resident of British Columbia NOW.

Award to be made during 1971.



PLEASE PRINT OR TYPE

1. Name in full <sup>Mr.</sup> ~~Miss~~ FIELDING, A. JOSEPH  
(Family name.) (Given names.)  
2. Date of birth 12 DEC 1886 3. Place of birth COWICHAN, B.C.  
(Day.) (Month.) (Year.)

If married—  
4. Maiden name \_\_\_\_\_  
5. Husband's given names \_\_\_\_\_  
6. Wife's full maiden name \_\_\_\_\_  
7. Occupation before retirement \_\_\_\_\_  
8. If born in Canada but outside British Columbia—  
(a) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.)  
(b) Where did you first live in British Columbia COWICHAN, VI. BC  
(c) Where did you live immediately before coming to British Columbia \_\_\_\_\_

9. If born outside Canada—  
(a) Where did you live immediately before coming to Canada \_\_\_\_\_  
(b) When did you first come to Canada \_\_\_\_\_  
(Day.) (Month.) (Year.)  
(c) Where did you first live in Canada \_\_\_\_\_  
(d) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.)

10. Names of parents in full, including maiden name of mother—  
Father FIELDING, JOSEPH  
(Family name.) (Given names.)  
Mother TODD, MARIE, ANN  
(Maiden name.) (Given names.)

11. Given names of brothers or sisters FRED, ARTHUR, EVELINE, GERTRUDE

12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) \_\_\_\_\_

13. R.R. 1, Qualicum Beach, B.C. Joseph, A. Fielding  
(Present address of applicant.) (Signature of applicant.)  
\_\_\_\_\_, 1970.  
(Date.)

RETURN THIS FORM IN QUADRUPPLICATE TO YOUR LOCAL CENTENNIAL COMMITTEE FOR FORWARDING TO VICTORIA. NO FORMS WILL BE ACCEPTED AFTER NOVEMBER 19, 1970.

To be completed by the local Centennial Committee  
14. John W. Manley Qualicum Bay Centennial  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)  
15. What, if any, verification of date of birth was available Birth Certificate