



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 Miss TISDALE, LENA EBURNE.  
(Family name.) (Given names.)

2. Date of birth 21st JUNE, 1890. 3. Place of birth VANCOUVER, B.C.  
(Day.) (Month.) (Year.)

If married—

4. Maiden name REID.

5. Husband's given names ALBERT.

6. Wife's full maiden name LENA REID.

7. Occupation before retirement HOUSEWIFE.

8. If born in Canada but outside British Columbia—

(a) When did you first come to British Columbia ALWAYS LIVED IN B.C.  
(Day.) (Month.) (Year.)

(b) Where did you first live in British Columbia ✓

(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 REID JOHN  
(Family name.) (Given names.)

Mother SAUNDERS MARY  
(Maiden name.) (Given names.)

11. Given names of brothers or sisters GEORGE, WILLIAM, JAMES, ROSEMARY, ELIZABETH, MARY JANE, EDWARD CHARLES, GORDON JOHN.

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

13. WYLDE GREEN REST HOME Lena Tisdale  
(Present address of applicant.) (Signature of applicant.)

BOORMAN RD, R.R.1. SEPTEMBER 22nd, 1970.  
QUALICUM BEACH, B.C. (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. Maxley Qualicum Bay Centennial '71  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available Rest Home Records