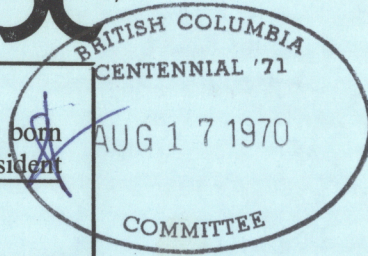




APPLICATION FOR THE PIONEER MEDALLION



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

- Mr. _____
Mrs. _____
1. Name in full Miss MRS THURLBORN MIGNONETTE MAUD
(Family name.) (Given names.)
2. Date of birth 20 MAY 1892 3. Place of birth SALT COATS SASKATCHEWAN
(Day.) (Month.) (Year.)
- If married—
4. Maiden name CRUMP
5. Husband's given names FRANK NEWMAN
6. Wife's full maiden name MIGNONETTE MAUD CRUMP
7. Occupation before retirement HOUSE WIFE
8. If born in Canada but outside British Columbia—
(a) When did you first come to British Columbia _____
(Day.) (Month.) (Year.) 1894
(b) Where did you first live in British Columbia FRENCH CREEK, VAN. ISLAND
(c) Where did you live immediately before coming to British Columbia SASKATCHEWAN

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.) 20 MAY 1892
(c) Where did you first live in Canada SALT COATS SASKATCHEWAN
(d) When did you first come to British Columbia _____
(Day.) (Month.) (Year.) 1894

10. Names of parents in full, including maiden name of mother—
Father CRUMP ALEXANDER BENJAMIN
(Family name.) (Given names.)
Mother LEONARD MARY ELLEN
(Maiden name.) (Given names.)

11. Given names of brothers or sisters MAY, DAISY, LILY, LAURA, SAMUEL.

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

13. QUALICUM BEACH, R.R. No 1 Mrs M. M. Thurlborn
(Present address of applicant.) (Signature of applicant.)
JULY 17, _____, 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 Little Qualicum

14. Mrs A.T. Norman Mary A. La Belle
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

15. What, if any, verification of date of birth was available Not available