



COMMITTEE MEMBERSHIP APPLICATION

Dear Member:

We appreciate your interest in applying to become a committee member for Nipissing First Nation. A clear understanding of your background will assist us with the selection of committee members.

Date: _____

Name: _____ Phone No.: _____

Address: _____
(Street #) (postal code)

NFN Registry Band # _____

Name of Committee you wish to participate on: _____

In the past have you worked on any committees for Nipissing First Nation? If so, please list the name of committee(s).

_____	_____
_____	_____
_____	_____
_____	_____

Please list any volunteer work you have done (past and present) for the community of Nipissing First Nation:

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What skills/knowledge/background do you possess that you feel would benefit the committee you are applying for?

NOTE: All information that is provided by you on this form is confidential and will only be used for the selection of committee members.

If applying for more than one committee, please complete separate application for each committee. (maximum 2 committee's)

Please mail, fax or deliver your application to:

**Freda Martel
Executive Assistant
Nipissing First Nation
36 Semo Road
Garden Village, Ontario P2B 3K2**

By Fax: 753-0207