

First Nation of Na-Cho Nyak Dun  
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## APPLICATION FOR COMMITTEE MEMBER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIN: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

### What Committee(s) are You Interested in Serving On:

Please specify: \_\_\_\_\_

### Current or Past Membership on Boards, Committees, Commissions, or Councils:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please be sure to attach your resume.**