

ADVISORY COMMITTEE APPLICATION

NFN appreciates your interest in applying to become a member of an Advisory Committee. In order to assist in the selection process, please complete all sections to provide a clear understanding of your background and knowledge on how you can benefit the committee.

Date				
Name				
Phone Number				
Address				
Email				
NFN Registry Number				
Diago indicato the estado				
Please indicate the category you			6 11.	
Youth	Elder		Citizen at Large	
Please indicate which committee	e you are intere	sted in becoming	g a member of:	
1 st choice				
2 nd choice				
Have you served on any advisory	, committees in	the past if so n	Josephist the name of the	
committees?	y committees in	the past, it so, p	nease list the hame of the	
committees?				
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participate on that committee, and what skills, knowledge, and background you possess that you feel would directly benefit the committee you are applying for.			
Please list any volunteer work you have don	ne (past or present) for the community of NFN.		

Miigwech for your application!