



# KLUANE FIRST NATION

PO Box 20, Burwash Landing, Yukon Y0B 1V0

Tel: (867) 841-4274

Fax: (867) 841-5900

Toll Free: 1-866-558-5587

[www.kfn.ca](http://www.kfn.ca)

## NOMINATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Which Committee are you applying for?

Citizenship Committee

Constitution Committee

Election Committee

Resolutions Committee

Other \_\_\_\_\_

What motivates you to apply for a position on this Board/Committee, and what aspects of the role are most appealing to you?

---

---

---

Please list any relevant experience that applies to the Board/Committee for which you are applying.

---

---

---

Please list previous experience with Boards/Committees:

---

---

---

Please return completed form to the Registrar and Committees Liaison: [registrar@kfn.ca](mailto:registrar@kfn.ca)

For more information, please call (867) 841-4271 ext. 142