



**Application For Squamish Nation Membership Appeals Committee  
(Voluntary Position)**

***Applications accepted on an ongoing basis until positions are filled.***

**PERSONAL INFORMATION**

Your Name (required): \_\_\_\_\_

Your Email (required): \_\_\_\_\_

Telephone Number (required): \_\_\_\_\_

Nation (Band) Number (required): \_\_\_\_\_

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**EMPLOYMENT INFORMATION**

*Please include information on your last three roles, including employer name, position held, and a description of the responsibilities for the position.*

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**EDUCATION INFORMATION**

*Please include information on your educational background, including high school, university, technical school, or other educational programs.*

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**CULTURAL/COMMUNITY ACTIVITIES**

*Please describe any cultural activities or organizations you are involved with and what position you held (e.g. officer, member, volunteer, participant, etc.)*

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**QUALIFICATIONS**

*Please describe what qualifications make you a good fit to serve on the Appeals Committee.*

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**REASON FOR APPLYING**

*Please describe why you want to be involved in the Appeals Committee.*

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**AVAILABILITY FOR TIME COMMITMENT:**

Attendance at meetings called on an ad-hoc basis (including preparation and review); availability for training sessions; attendance and support with community engagement meetings on the Membership Code; etc.

\_\_\_ YES, I am able to commit to the time requirements

\_\_\_ NO, I am not able to commit to the time requirements

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**TERMS OF ACCEPTANCE and SIGNATURE**

I, the undersigned, hereby declare and certify that all of the information provided by me in this application for the Squamish Nation Membership Appeals Committee (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for rejection of my application or my removal from the Trust regardless of when or how it was discovered. I understand that submission of an application does not guarantee selection.

\_\_\_\_\_ *Please type your First and Last Name*

\_\_\_\_\_ *Signature*

By signing above, I am confirming that I acknowledge and agree to the above Terms of Acceptance.

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**How to Apply:**

- 1) Email your application form and supporting documents to [CASAdmin@squamish.net](mailto:CASAdmin@squamish.net) (preferred). Be sure to include the phrase "Membership Appeals Committee Application" in the subject line of your email.
  - 2) Drop off your application at 320 Seymour Blvd, North Vancouver, BC, V7J 2J3, Attn: Council Advisory & Support
- OR**
- 3) Mail your application to PO Box 86131 North Vancouver, BC, V7L 4J5, Attn: Council Advisory & Support

Be sure to include the phrase "Membership Appeals Committee Application" in the subject line of your email.

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