



AKWESASNE AREA MANAGEMENT BOARD APPLICATION FOR MEMBERSHIP

NAME: _____	BAND #: _____
ADDRESS:	
_____ Number/Street/Box	
_____ City, Town, Village Province/State Postal/Zip Code	
PHONE #:	_____
Home	Work
EMAIL: _____	

I, _____ am interested in furthering the objectives of the Akwesasne Area Management Board and do hereby apply for admission as a member. I attest that I am at least eighteen (18) years of age and that I am a member of Akwesasne as set out in the Membership Codes of the Mohawks of Akwesasne or the Akwesasne Mohawk Nation. I have a genuine interest in the long-term human resource planning for the community and a willingness to attend meetings and/or training sessions related to the Corporation's roles and responsibilities.

Signature

Date

If you are interested in membership please return this application to the AAMB:

In Person:
23 Third Street, St. Regis, Quebec

By Fax: (613) 575 - 2863
By Email: roundpoint@aamb.ca

For further information, please feel free to contact Russell Roundpoint, Executive Director Akwesasne Area Management Board at (613) 575-2626.