

Member Input



Please indicate your area of concern by checking the appropriate box.

Lands & Property Management

- HOUSING
- COMMUNITY DEVELOPMENT
- COMMUNITY CENTRE
- ARENA
- MOUNT MCKAY
- OTHER _____

Health, Education & Community Services

- SOCIAL PROGRAMS & SERVICES
- EDUCATION
- HEALTH CENTRE
- ONTARIO WORKS
- OTHER _____

Youth & Social Development

- YOUTH PROGRAMS & SERVICES
- RECREATIONAL SITES
- EMPLOYMENT & TRAINING
- BINGO
- OTHER _____

Economic Development

- CONSULTATION
- PUBLIC WORKS
- OTHER _____

Finance & Administration

- FINANCE
- HUMAN RESOURCES
- OTHER _____

Leadership

- CHIEF AND COUNCIL
- GOVERNANCE
- COMMUNICATIONS
- OTHER _____

Contact Information

Please Print Clearly.

MEMBER NAME

First Name *Last Name*

ADDRESS

CITY _____

PROVINCE _____ POSTAL CODE _____

PHONE NUMBERS

Home *Cell* *Work*

EMAIL ADDRESS

DATE OF SUBMISSION

Disclaimer: Fort William First Nation is committed to ensuring that your privacy is protected. Please be assured that the information for the FWFN Member Input will only be used to improve our services and programs.

Please allow up to 30 business days for a formal reply.

Comments

Please Print Clearly.
