



Fort Nelson First Nation | Administration Department

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APPLICATION TO APPEAL MEMBERSHIP MEETING DECISION

DATE _____

I, _____, hereby submit this formal appeal regarding the Membership Meeting decision made on _____ in which my application for myself/minor children was denied.

The denial was based on the fact that _____.

I request my application for Membership be reconsidered for acceptance based on the following:

I request that my appeal be heard at the next Membership Meeting to explain why I/my children should be FNFN members.

Name of Applicant/On Behalf Of _____

Band Name/Status Number _____

Mailing Address/Town/Postal Code _____

Contact Number _____

OFFICE USE ONLY

Date appeal was brought to Council: _____

Decision by Council: _____

"For as long as the sun shines, the grass grows and the rivers flow."