

THE MOHAWKS OF AKWESASNE SETTLEMENT TRUST TRUST OVERSEERS APPLICATION - FORM 1

(Please Print)

Today's date:												
PERSONAL INFORMATION												
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		<input type="checkbox"/> Dr.		
Former surname(s), if any		Alias(es), if any		Place of birth:			Birth date: / /		Age:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Current Street/Civic address:				Membership #				Main contact phone #: ()				
P.O. Box:		City:			State/Prov:			Postal code:				
Previous Address:		City:			State/Prov:			Postal code:				
								()				

ADDITIONAL DOCUMENTS REQUIRED FOR APPLICATION PACKAGE: DUE 4PM FRIDAY, APRIL 8, 2022

- ☐ Letter of interest
- ☐ Copy of Identification (License; Status Card; Tribal ID; Passport; etc.)
- ☐ Resume
- ☐ Declaration of non- discharged bankruptcy or insolvency - **Form 2**
- ☐ Statement of disclosure of criminal record - **Form 3**
- ☐ Statement of agreement to resign office (For Members of Council) - **Form 4**
- ☐ Completed Membership Verification * **Must** be Certified by Office of Vital Statistics - **Form 5**

COMPLETED APPLICATION PACKAGES CAN BE DELIVERED:

- TO CHEAVEE WILLIE – ADMINISTRATION BLDG NO. 1 - KANATAKON 12 AKWESASNE STREET;
- BY MAIL AT BOX 90 AKWESASNE, QC H0M 1A0, OR;
- VIA EMAIL IN PORTABLE DOCUMENT FORMAT (PDF.) TO cheavee.willie@akwesasne.ca

FOR MORE INFORMATION CALL CHEAVEE WILLIE AT 613-575-2250 EXT 3194.

The above information is true to the best of my knowledge. I authorize the Mohawks of Akwesasne Settlement Trust Overseers and Internal Technical Team to verify any information that I have provided. I understand that the information provided will be protected and used only for the purposes of evaluating my application.

Signature

Date