



GENERAL ASSEMBLY DELEGATE APPLICATION FORM

Champagne and Aishihik First Nations

Please complete this form to indicate your interest in representing your community as a General Assembly delegate.

All applicants will be advised of the finalized list of Delegates for the current year – **the names of those applicants who do not appear on this list will be maintained in the event that a replacement or alternate Delegate is needed.**

Please direct your completed form and/or questions to:

Denise Beattie
Champagne and Aishihik First Nations
304 Jarvis Street
Whitehorse, Y.T. Y1A 2H2
Telephone: (867) 456-6888 Fax: (867) 667-6202
E-mail: dbeattie@cafn.ca

Date _____

Applicant Name _____

Mailing Address _____

_____ Postal Code _____

Telephone Daytime _____ Evening _____

E-mail address _____

Why are you interested in being a delegate at the General Assembly? _____

CAFN Community you wish to represent: _____

Have you previously represented CAFN as a GA delegate? Yes No

If yes, please include details here: _____

Please note:

- Delegates **MUST** be available for the General Assembly and may be required to review and discuss GA resolutions prior to the GA.
- Delegates **MUST** be available for meetings in addition to the General Assembly.
- GA delegates for each community will be composed of one Elder, one Youth and three community members at large.
- GA delegates must not be CAFN staff.
- GA delegates **MUST** consult with their community prior to and following the General Assembly to ensure they communicate local views and decisions made at the General Assembly.
- GA delegates will receive honoraria and travel at approved CAFN rates.
- It is important to keep your contact information current so that delegates can be kept up-to-date throughout the – please notify us of changes to your address and/or telephone number.