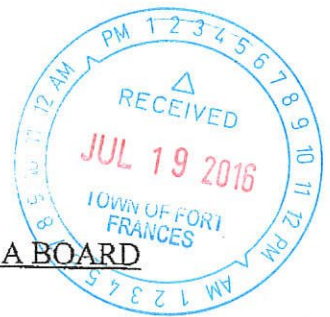


TOWN OF FORT FRANCES

APPLICATION TO SERVE ON AN ADVISORY COMMITTEE OR A BOARD



Please See Additional Information on page 2 of this Form

Advisory Committee/Board applied for: SISTER KENNEDY CENTRE

Name in Full: EDWARD F HASLUND

Address of Residence: 409 COL. RD. E. Mailing Address
If not same as
Residence: _____

Postal Code: P9A 2R9

Business Phone # 274-5541 Residence Phone # _____

Are you a Canadian citizen? YES

Are you now or will you be by December 1 of this year 18 years of age or older?

If you have not resided in Fort Frances for the past full year, on what date did you become a resident? _____

Additional information (personal interests, hobbies, community involvement): _____

WOODS - LAKE - GARDEN -

Why do you want to be a member of this advisory committee or board? _____

BECAUSE I'M INTERESTED

Date: 19 July 2016

Signature: [Signature]

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL ACT, 2001, S.O. 2001, c. 25, AS AMENDED, AND WILL BE USED TO DETERMINE ELIGIBILITY FOR APPOINTMENT TO THE ADVISORY COMMITTEE/BOARD APPLIED FOR. QUESTIONS ABOUT THIS COLLECTION OF PERSONAL INFORMATION SHOULD BE DIRECTED TO THE TOWN CLERK, 320 PORTAGE AVENUE, FORT FRANCES, ONTARIO P9A 3P9