

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: SESTER KENNEDY CENTRE

Name in Full: WAYNE LUNDSTROM

Mailing Address

Address of Residence: _____

If not same as

Residence: 809 B VICTORIA AVE. J-F

Postal Code: P9A 2E1

Business Phone # _____

Residence Phone # (CELL) 807 276 5223

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? YES

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): _____

PRESENTLY SERVING (6 YRS) ON FORT FRANCES
VOYAGEUR LEADS CLUB

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

(1) I ENJOY ACTIVITIES AT CENTRE
(2) I CAN BRING MY EXPERIENCE AS A CLUB
MEMBER

(3) I CARE ABOUT SENIORS
(4) I'M ACTIVE IN COMMUNITY

Date: July 15/2016

Signature: Wayne Lundstrom

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