

Community Liaison Committee Membership Application

Contact Information

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____

Street Address: _____

Street Address 2: _____

City/Town: _____ Province: _____

Postal Code: _____

Community Involvement

Are you a member of any community organizations in the following sectors? (Check all that apply)

Municipal Government

EMO/First Responder

Business

Aboriginal Community

Fishing

Tourism

Recreation

Environment

Farming

Other, Please specify: _____

Please list organizations and elaborate on your community involvement: _____

Personal Interests

Do you have particular interest in any of the following topic areas? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Fishing | <input type="checkbox"/> Business |
| <input type="checkbox"/> Aboriginal Community | <input type="checkbox"/> EMO/First Responder | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Tourism | <input type="checkbox"/> Area Residents |

Other, Please specify: _____

Tell us more about your interests: _____

Are you currently or have you in the past been a frequent user of the harbour. Please elaborate:

How long have you lived in Antigonish County: _____

Occupation: _____

Age: _____

I would like to be considered for the following positions:

Representative of one of the stakeholder groups

Member-at-large