

Chapleau Cree First Nation

AUTHORIZATION FOR RELEASE OF CONTACT INFORMATION

I, _____, hereby authorize the Indian Registry Administrator or Delegate to release my contact information to other departments within Chapleau Cree First Nation for the following reasons:

Please all that apply:

- Newsletters;
- Memorandums;
- Chief & Council Election notices and proxy packages;
- Referendum voting packages;
- Information related to Governance.

My current mailing address is:

Street: _____

City/Province: _____

Postal Code: _____

I wish to receive information via email:

Email address: _____

Your contact information will be used for the above checked purposes only and will not be shared with other agencies, bandmembers, Chief, Councillors, and/or all others.

Note: All other personal information will be restricted to the Indian Registry Administrator and kept in a secure cabinet as per INAC requirements.

This authorization remains in effect until it is revoked in writing.

Bandmember

Date