

SHUSWAP NATION TRIBAL COUNCIL
be the change youth collective

Secwepemc **MALE**
Youth Representative Form

Name:		
Age:		
Address:	Phone #	Email:

Representing the _____ First Nation/Band.

I, _____, will represent the _____ First Nation/Band to the best of my abilities as one of the two (1 male and 1 female) youth representatives for the Shuswap Nation Tribal Council (SNTC).

Signature: _____

Confirmation of Nations Youth Representative

By signing the form below you confirm that he/she is your Secwepemc youth (female or male) representative for the SNTC Youth Council.

Chief or Councillor

Name:
Signature:

Youth

Name:
Signature:

OPTIONAL

Elder	
Name:	Signature:
Hereditary Chief	
Name:	Signature:

SHUSWAP NATION TRIBAL COUNCIL
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Secwepemc **FEMALE**
 Youth Representative Form

Name:		
Age:		
Address:	Phone #	Email:

Representing the _____ First Nation/Band.

I _____, promise to represent the _____
 First Nation/Band to the best of my abilities as one of the two (1 male and 1
 female) youth representatives for the Shuswap Nation Tribal Council (SNTC).

Signature: _____

Confirmation of Nations Youth Representative

By signing the form below you confirm that he/she is your Secwepemc youth
 (female or male) representative for the SNTC Youth Council.

Chief or Councillor

Name:
Signature:

Youth

Name:
Signature:

OPTIONAL

Elder	
Name:	Signature:
Hereditary Chief	
Name:	Signature: