



Connecting for Success

IEAC

Miiniwewinan: Indigenous Education Advisory Committee

Membership Application
COMMUNITY AGENCY/GROUP

Return completed application to:

IEAC
c/o Superintendent of Education
Lakehead District School Board
2135 Sills Street
Thunder Bay, ON P7E 5T2

Date _____

Community Agency/Group Applicant

Name of Community Agency/Group Applicant _____

Executive Officer (with whom we correspond) _____

Position _____

Address (where we correspond) _____

City _____ Postal Code _____

Telephone (Work) _____ Email (Work) _____

Applicant Representative

Applicant Representative of Community Agency/Group _____

Address (if different than above) _____

Telephone (Work) _____ Email (Work) _____

Title/Position _____

Email _____

Freedom of information: Personal information on this form is collected under the authority of the Education Act, R.S.O. 1980, subsection (2) of section 206. Information collected will be used by the Indigenous Education Advisory Committee to the Lakehead District School Board.

Committed to the success of every student

www.lakeheadschoos.ca