

Mackinac Bands of Chippewa and Ottawa Indians



Tribal Council Application Form

Thank you for your interest in joining our Tribal Council! Please complete this form and follow instructions at the bottom for submitting this application.

Your name:		
Your Home Phone Number:		Cell number:
Your address:		
Your email address :		
Briefly describe why you would	like to join our Tribal C	ouncil:
Your current organizational affil	iations (names of the org	ganization and your role(s):
Which of your skills would you	like to utilize on the Cou	incil? Check those that apply:
☐ Council development	☐ Financial managem	ent Training
☐ Strategic planning	☐ Fundraising	☐ Marketing
☐ Staffing / HR	☐ Evaluation	□ Volunteer management
☐ Program development	☐ Community networ	king



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Other skill(s) of yours th	at you would like to utiliz	ze?	
What would you like to get for skills to develop, interests to		ation on the Council, e.g., what types of experiences	5,
	, , , , , , , , , , , , , , , , , , , ,		
• •	meetings, and that you d	ovide at least 2-4 hours a month in attendand to not have any conflict-of-interest in Date:	ce
		or if you decide not to join, would you like s ways that match your skills and interests?	to
□ Yes	□ No	☐ Perhaps	
To complete this form and s	ubmit, you may chose one	e of the following options:	
Fill out the form online Mackinac Band of Cl	-	then mail it to: ans, PO Box 250, St. Ignace MI 49781	
2. Print out the form, comp	OR		
	OR		
2 Eill out the DDE farmer	1: 41 :4.4	annustan and the consults of DDE forms on	

3. Fill out the PDF form online, then save it to your computer, send the completed PDF form as an attachment to: mackinacbands49781@gmail.com