

APPLICATION FOR CENTRE OF LANDS EXCELLENCE C.O.L.E.

National Aboriginal Lands Managers Association

TO APPLY FOR MEMBERSHIP INTO COLE, PLEASE SUBMIT THIS APPLICATION

Please send application to the National Aboriginal Lands Managers Association
1024 Mississauga Street, Curve Lake, Ontario, K0L 1R0
If you have any questions, please contact Leona Irons by telephone (705) 657-7660, fax (705) 657-7177 or
Email - liron@nalma.ca

Purpose:

The purpose of COLE is for NALMA to have access to a pool of technical experts. NALMA is seeking committed professionals who are willing to share their experience, skills and knowledge in the area of First Nation Lands Management.

APPLICANT INFORMATION

Full Name:

Current Address:

City:

Province:

Postal Code:

Phone:

Email:

CAREER/EMPLOYMENT INFORMATION

Name of First Nation/Organization:

Address:

Phone:

E-mail:

Fax:

City:

Province:

Postal Code:

Current Position:

Number of Years Experience in Land Management:

PLEASE CHECK (√) YOUR AREA OF EXPERTISE

| | | | | |
|---|---|---|--|--------------------------------------|
| Lands Management – General <input type="checkbox"/> | Environment <input type="checkbox"/> | Forestry <input type="checkbox"/> | Mining <input type="checkbox"/> | Estates <input type="checkbox"/> |
| Treaty Land Entitlement–TLE <input type="checkbox"/> | Land Use Planning <input type="checkbox"/> | Appraisals <input type="checkbox"/> | Surveys <input type="checkbox"/> | Leasing <input type="checkbox"/> |
| Permit <input type="checkbox"/> | Indian Oil and Gas <input type="checkbox"/> | GIS <input type="checkbox"/> | Property Management <input type="checkbox"/> | By-laws <input type="checkbox"/> |
| Negotiations <input type="checkbox"/> | Dispute Resolutions/Mediation <input type="checkbox"/> | Record Keeping <input type="checkbox"/> | Netlands <input type="checkbox"/> | Agriculture <input type="checkbox"/> |
| Property Tax <input type="checkbox"/> | Other (s) | | | |
| | | | | |

PLEASE CHECK (√) YOUR PREFERENCE OF WHERE YOU WOULD LIKE TO ASSIST

| Mentoring | Professional Development Training Program | Providing Technical Input |
|-------------------------------------|--|---|
| Individual <input type="checkbox"/> | Acting as a Resource Person <input type="checkbox"/> | Committee <input type="checkbox"/> |
| Group <input type="checkbox"/> | Curriculum Development <input type="checkbox"/> | Working Group <input type="checkbox"/> |
| | Review Training Material <input type="checkbox"/> | Referral <input type="checkbox"/> |
| | Instruction <input type="checkbox"/> | Policy Development <input type="checkbox"/> |
| Signature of Applicant: | | Date: |