



#113 - 100 Park Royal South
West Vancouver, BC
V7T 1A2

Tel (604) 925-6087
Toll Free 1-877-422-3672
Fax (604) 925-6097
www.fnesc.ca

FNESC ONLINE PROGRAM ACCESS APPLICATION

I hereby authorize, on _____ (date) the following Band representative to access the FNESC website at <http://programs.fnesc.ca> to enter the information required for the 2011-2012 Summer Work Experience Program (SWEP) on behalf of our Band:

Identification:

Band Name: _____

Address: _____

Authorized Band representative Family Name: _____

Authorized Band representative Given Name: _____

Authorized Band representative E-mail address: _____

FNESC will e-mail the login information (username and password) to the authorized Band representative's e-mail address.

NOTE:

If you wish to change your authorized Band representative during a program cycle, this can be done by completion and submission of another FNESC Online Program Access Application form. Upon receipt of the new form, the FNESC will cancel the existing user and replace with your newly appointed Band representative.

Authorized by:

(Print Name)

(Signature)

(Title and Position)

You can send this form by email to programs@fnesc.ca, or by fax: (604) 925-6097, or by mail to the above-stated address.