

**APPENDIX B
PROTEST**

ASHCROFT INDIAN BAND MEMBERSHIP CODE

To: The Band Manager
Ashcroft Indian Band
414 Cornwall Road, PO Box 440
Ashcroft, BC V0K 1A0

1. Person filing the Protest (the "**Protestor**"):

Name: _____

Phone: _____

E-mail: _____

Address: _____

Band Member: *[circle one]* Yes No

I am the person who was subject to the decision of the Membership Coordinator described below: *[circle one]* Yes No

I am a member of Chief and Council, and am filing the Protest on its behalf: *[circle one]* Yes No

I am the legal representative of: _____,
and am filing this Protest on its behalf.

2. Decision of the Membership Coordinator that is being protested:

Date of decision: _____

What decision about the Membership List was made: _____

3. The grounds of the Protest are: _____

4. Witnesses: Names, phone numbers, e-mails and addresses:

5. Evidence: Describe any evidence, witness statements or legal documents that are attached to this Protest:

Signed this day of , 20 .

Signature of Protestor/Legal Representative
Please Print Name: _____