



BC FERRY & MARINE WORKERS' UNION

FIRST NATIONS VISION COMMITTEE

Name: _____ Emp#: _____ Local: _____

Email: _____ Tel No: _____

Your Story: _____

Aboriginal Person? Yes No (e.g. Coast Salish, Klahoose, Sto':Lo)

Would you be willing to share your story with other BCFMWU members?

Yes No

Would you consent to having your name published? Yes No

If not, would you consider using a pseudonym? Yes No

Please return completed forms to mailroom@bcfmwu.com