

**Qalipu Mi'kmaq First Nation Band
Aboriginal Business Directory**



**Work Force
Qalipu**

Name: _____

Legal Name: _____

Mailing Address: _____

Local Address: _____

Telephone: _____

E-Mail: _____

Web-Site: _____

Contact Name: _____

Contact Title: _____

Contact Telephone: _____

Contact E-Mail: _____

Type of Business: _____

of Employees: _____

Aboriginal Ownership: _____

Band Affiliation: _____

Company Description (please attach description if more space is required):

I verify that this information is accurate to the best of my ability and I consent for the Qalipu Mi'kmaq First Nation Band to share the above information with its partner organizations. This will help to identify Aboriginal Businesses to their partners as a means of increasing the visibility of these businesses and to grow business opportunities.

Date: _____ Signature: _____