



**BIOGRAPHICAL SUMMARY**

***NOMINEE***  
***To CMHA - NL Board of Directors***

**Please note that this form containing your information will be circulated to CMHA-NL members eligible to vote at the CMHA-NL AGM June 13<sup>th</sup>, 2019**

Name:
Address:
Occupation:
Expertise/Skills:
Mental Health/Illness Topics of Interest to Nominee:
CMHA/Other Community Agency Experience

Why would you like to become a Director on the CMHA-NL Board?

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Please return to CMHA-NL, Attention: [bhaley@cmhanl.ca](mailto:bhaley@cmhanl.ca), Fax: 709-753-8537