



Canadian Mental
Health Association
Newfoundland and Labrador

CMHA-NL

LETTER OF CONSENT

To: Donna Kavanagh
Chair, Nominations Committee
Canadian Mental Health Association, NL Division
603 Topsail Road
St. John's, NL A1E 2E1

I, the undersigned, agree to have my name placed in nomination for election to the Board of Directors of the Canadian Mental Health Association, Newfoundland and Labrador Division. I also declare the following information to be true.

YES I am currently a member in good standing with CMHA-NL

If, NOT, you are required to become a member by completing a membership form and paying \$20 annual dues prior to beginning of AGM.

If elected, I understand that I will be expected to:

- Serve my full term (currently a two-year term)
- Attend bi-monthly face-to-face meetings/teleconference (with the exception of July, August, and December), as well as the Annual General Meeting
- Participate in sub-committees of the board of directors and attend their meetings as scheduled
- Be available to participate at the Division or other functions on behalf of CMHA-NL
- Will commit to confidentiality, code of conduct and conflict of interest requirements

Name: _____
(Please print)

Signature: _____

Date: _____

Please return to CMHA-NL, Attention: bhlaley@cmhanl.ca Fax: 709-753-8537