



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.

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| 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?

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