



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 10, 2016.

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: lchaulk@cmhanl.ca, Fax: 709-753-8537