



Canadian Mental  
Health Association  
Newfoundland and Labrador

## CMHA-NL

### LETTER OF CONSENT

To: Edna Turpin, Ed.D, ICD.D  
Chair, Nominations Committee  
Canadian Mental Health Association, NL Division  
603 Topsail Road  
St. John's, NL A1E 2E1

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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](mailto:bhlaley@cmhanl.ca) Fax: 709-753-8537