



Canadian Mental
Health Association
Newfoundland and Labrador

CMHA-NL

LETTER OF CONSENT

To: Mr. John G. Abbott
Chair, Nominations Committee
Canadian Mental Health Association, NL Division
70 The Boulevard
St. John's, NL A1A 1K2

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 monthly face-to-face meetings (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

Name: _____
(Please print)

Signature: _____

Date: _____

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