



Board Application Form

Date				
Name	First	l a ab	Familian name	
	FIRST	Last	Familiar name	
Residence Address				
Phone			E-mail	
Employer Name				
Your title				
Address				
Phone	ne E-mail			
Type of busi	iness or organiz	zation		
Preferred m	ethod of contac	ct () Work () Residence	
			serve on, or have served on (business, ional, religious, social).	
Organization	า	Role/Title	Dates of Service	
Education/	Training/Cer	tificates		

kan would benefit from your involvement on the
se circle all that apply)
Personnel, human resources Non-profit experience Policy development Public relations, communications Fundraising Other Other Other
ousinesses that you could serve as a liaison to o
share.

Information about the organization can be found on our website at www.cl-atikokan.ca