

Application for Membership – Board of Directors

Name:		
Address:		
Phone (Home):	(Cellular):	(Office):
Fax:	Email:	
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		
Occupation/Title:		

Board Interest (Please outline the reasons for your interest in serving on the Board)

Skills and Expertise (Please identify your specific skills and expertise that you believe will contribute to the Board)

Previous Governance Experience (Please identify previous Board experience)

References (Please supply name, address, and telephone number)

1.
2.
3.

Comments

Please submit this application and a résumé to:
Chair, Membership Committee
Our Children, Our Future/Nos enfants, notre avenir
C/O Susan Nicholson, Executive Director
201 Jogues Street, Sudbury, ON P3C 5L7
Fax: 705-673-3354 **Email:** susan.nicholson@ocof.net