



CANADIAN MENTAL  
HEALTH ASSOCIATION  
ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE  
Haldimand-Norfolk Branch

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## BOARD NOMINATION FORM CMHA BOARD OF DIRECTORS INFORMATION SHEET

**YES!** – I am interested in Board Membership with the Canadian Mental Health Association, Haldimand-Norfolk Branch.

Please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Board Involvement (Current) \_\_\_\_\_

Are you interested in an Executive Position? If so which one?

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Chair person      | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Vice chair person | <input type="checkbox"/> Secretary |

Are you interested in joining one of our committees?

- |  |   |
|--|---|
| <input type="checkbox"/> Finance & Personnel   | <input type="checkbox"/> Emergency Management Committee |
| <input type="checkbox"/> Health & Safety (internal)  | <input type="checkbox"/> Adhoc Nominations Committee    |
| <input type="checkbox"/> Mental Health Promotion Advisory Committee (includes fundraising) |   |

I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the Organization. I also understand that acceptance as a board member includes joining the membership of the organization.

I meet the qualifications as per the Bylaws, and I therefore nominate myself as a Board Member of Canadian Mental Health Association, Haldimand-Norfolk Branch.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Board Chair

Upon completion, please submit this form to the main office via fax, mail, or in person. If you have any questions, please feel free to call or email us.