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APPLICATION FOR DIRECTORSHIP

IMPORTANT!

This form must be completed and received by the Board Secretary no later than 30 days prior to the annual meeting. Refer to Administrative Bylaw section "Nominations for elections of Directors" for more detailed information. The following information is confidential.

First: _____ Middle: _____ Last: _____ Mr. () Mrs. ()
Miss () Ms. ()

Box: _____ Street: _____ Community: _____ Postal Code: _____

Contact Numbers: Home: _____ Cell: _____
Work: _____ E-mail: _____

I declare that as of the Annual General Meeting date I am 18 years of age or older.

Signature

Language Proficiency:

English: () French: () Other: () (Specify Other) _____

Education: _____

Skills:

Administration ()
Ethics ()
Finance/Business ()
Health Care ()
Industry ()
Management ()
Leadership ()
Human Resources ()
Quality & Patient Safety Mgmt. ()
Training/Education ()
Other ()

Other Interest:

Signature

Date