

ALZHEIMER SOCIETY OF CORNWALL AND DISTRICT

Board of Directors Application Form

SECTION 1: Personal Information

Name:	Date of Birth: (for charity return)
Home Address:	Business Address:
Home Tel:	Bus. Tel:
Fax:	Fax:
E-mail:	E-mail:

SECTION 2:

Briefly discuss your experience and involvement with the Alzheimer organization and reasons for seeking membership on the Board, including what you hope to achieve through Board participation.

SECTION 3:

Please attach a brief biography/resumé to the application.

SECTION 4: Time Commitment

Active involvement with Alzheimer Society of Cornwall and District will require a commitment of your time. As a guide, regular Board meetings are held September to June, once per month from 5:00pm to 7:00pm at our office in Cornwall.

Would you be available for meetings according to similar schedule of dates and times?

Yes
No

Please elaborate if necessary:

Date: _____

Signature: _____