

Canadian AIDS Society / La Société canadienne du sida

Board of Directors Nomination Form

Submit **advance nominations no later than Monday September 18, 2017.**

Fax or e-mail your nomination form to Executive Assistant

Canadian AIDS Society | Fax: 613-563-4998 | E-mail bernice.aye@cdnaids.ca

Please print or type clearly.		
NAME		
ORGANIZATION		
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
DAYTIME TELEPHONE (include area code)()	EVENING PHONE (include area code)()	
FAX (include area code)()	E-MAIL	

1. Position sought:

2. Why are you seeking a position on the Board of Directors of the Canadian AIDS Society? What motivates you to want to be a Board Member of a national coalition of community-based AIDS Service organizations? Please limit your response to the space provided.

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3. Please provide a brief resume of your accomplishments and experiences.

(a) Tell us about your experience serving on a Board of Directors, serving as a staff member under a Board of Directors and your experience serving on committees.

(b) What HIV/AIDS related experience do you have and what skills will you bring to the CAS Board? (e.g., advocacy, communications, policy development).

Candidate signature: _____ Date: _____

Please note: A Board meeting will be held immediately following the Annual Meeting webinar in Sept 2017. The attendance of all members, including former members and those newly elected, is required. Please stay on the webinar line after the general meeting end. Dates for meetings of only new Board after the Annual Meeting will be determined.

Nominees seeking any of the Regional Director or Director-At-Large positions, please have a representative with signing authority for the supporting CAS Member organization indicate their support for your nomination by completing and signing SECTION A on the following page. Nominees seeking any of the Regional PLWHIV Director or PLWHIV Youth Director position, please have two persons living with HIV from your region indicate their support for your nomination by completing and signing SECTION B on the following page.

See below for supporting signature sections.

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SECTION A: Regional Director or Director-At-Large Positions

Please have the CAS member organization supporting your nomination complete section A.

"I certify that the information on the nomination application is accurate and that the individual named in this application has my support"

Name of supporting CAS
Member organization _____

Name of Board Chair /
Executive Director _____

Signature of Board Chair /
Executive Director _____

SECTION B: Regional PLWHIV Director or PLWHIV Youth Director

Please have two persons living with HIV supporting your nomination in your region complete section B.

"I certify that the information on the nomination application is accurate and that the individual named in this application has my support."

1.
PLWHIV name _____

E-mail _____ Phone _____

PLWHIV signature _____ Date _____

2.
PLWHIV name _____

E-mail _____ Phone _____

PLWHIV/AIDS signature _____ Date _____