# Board of Directors Nomination Form

Submit **advance nominations no later than Wednesday May 31**, **2017**.

Fax or e-mail your nomination form to Executive Assistant

Canadian AIDS Society | Fax: 613-563-4998 | E-mail [bernice.aye@cdnaids.ca](mailto:bernice.aye@cdnaids.ca)

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| --- | --- | --- |
| **Please print or type clearly.** | | |
| **NAME** | | |
| **ORGANIZATION** | | |
| **MAILING ADDRESS** | | |
| **CITY**  Montreal | **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.

## 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 (HIV Committee) meeting will be held immediately following the Forum in June 2017. The attendance of all HIV Committee members, including those newly nominated PLWHIV Directors, is required. This Board meeting will be for that afternoon only. All will depart after the meeting. A meeting of Board Members, including those newly elected, after the Annual Meeting will be determined after the Annual Meeting date is set.**

**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/AIDS Director or PLWHIV/AIDS Youth Director position, please have two persons living with HIV/AIDS 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.**

**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/AIDS 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