

Board of Directors Nomination Form SERVICE PROVIDER REPRESENTATIVE - 2023

Send completed form to chca@cdnhomecare.ca by **April 21, 2023**Subject line: Director Nomination- Service Provider

| CANDIDATE: | |
|--|---|
| Name: | |
| Position: | |
| Organization: | |
| City: | Province: |
| Telephone: | e-mail: |
| | m of 200 words) including their background and skill/experience is nomination form will not be considered complete without this |
| NOMINATOR (A member of the CHCA in go | od standing): |
| Member Organization: | |
| Name: | |
| e-mail | |
| NOMINEE'S CONSENT: I, the undersigned, a member in good stand the Board of the Canadian Home Care Associated the Care Associa | ling, hereby consent to stand for election to serve as a Director on ciation, if elected. |
| Signature: | Date: |