

**For Internal Board Use Only**

Chair or other board member has nominated this member  Yes  No  
 Full Board or a Quorum has approved this members appointment  Yes  No  
 Official date of member appointment: Date \_\_\_\_\_  
 Member Term Expires on this Date: \_\_\_\_\_

**Board Member Application – Fax 877.810.1347 or email: deidre@canilive.org**

**1**

Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 First Name M.I Last name

\_\_\_\_\_  
 Address Apt/Suite

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Email Address Phone No.

\_\_\_\_\_  
 Interested Issue

**3 PERSON TO CONTACT IN CASE OF EMERGENCY**

\_\_\_\_\_  
 First Name: M.I Last Name:

\_\_\_\_\_  
 Address City State Zip

\_\_\_\_\_  
 Email Address Phone No.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board of Director, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that I may be required to sign other documents upon being granted an officers seat on the Board of Directors. I also understand that this is a volunteer Board. I further understand that I will be responsible for paying quarterly or annual dues.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date