



MWSA BOARD OF DIRECTORS' APPLICATION

*Should you have questions regarding the application or being part of the board, please contact, NCchair@mwsac.ca or 780-970-7567.

Name: _____

Address: _____

Email: _____

Phone Number: _____

Membership Number: _____



EXPERIENCE, EXPERTISE AND SKILL

This section helps us get to know your background, experience, expertise or skills you bring to MWSA's board.

Do you have any prior board experience? Condo board or not for profit, faith organization, etc.?

Yes

No

If "yes", please explain to what capacity (position), role, and how long you served on that board.

Why do you want to join the MWSA board?

I acknowledge that I am applying for the MWSA Board of Directors.

Yes President Director

Signature: _____

Date: _____

* Submit application in a sealed envelope addressed to the Nominating Committee Chair.
Drop off at the MWSA reception desk