

NOMINATION TO THE SOCIAL PLANNING TORONTO BOARD OF DIRECTORS



CANDIDATE:					
NAME:					
ADDRE	:SS:				
TEL:		FAX:	E-MAIL:		
SIGNA	TURE OF CANDI	DATE ACCEPTING T	THE NOMINATION:		
NOMIN	ATORS:				
1.	NAME:				
	ADDRESS:				
	TEL:		FAX:	E-MAIL:	
	SIGNATURE OF FIRST PERSON MAKING THE NOMINATION:				
2.	NAME:				
	ADDRESS:				
	TEL:		FAX:	E-MAIL:	
	SIGNATURE O	F SECOND PERSON	MAKING THE NOMINA	ATION:	

ADDITIONAL REQUIREMENTS:

- Please write and submit up to 200 words on why this candidate would make a good member of the Social Planning Toronto Board of Directors. Include personal, professional, and volunteer experience and any specific skills or expertise that would contribute to the governance function of the Social Planning Toronto Board of Directors.
- Please also attach the candidate's resume.

DEADLINE FOR NOMINATIONS: FRIDAY, APRIL 26, 5:00 P.M.

Please submit all application documents to:

Brigitte Bardeau, Nominations Committee Chair c/o Maria Serrano, Director of Operations
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2 Carlton St., Suite 1001
Toronto, Ontario M5B 1J3
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Fax: 416 351 0107