



BOARD APPOINTMENT APPLICATION

Please print:

I, the undersigned _____

of (company/organization) _____

of (address) _____

am putting my name forward as a potential candidate for the AANM Board Member.

Tel: Fax _____

Email: _____ Web Site: _____

How long have you been a member of AANM? _____

Provide some background about yourself as it relates to Arts & Disability. _____

Why do you want to become an AANM Board Member? _____

What experience and expertise do you have that will be of benefit to the AANM Board? _____

Signature of Board Appointee

Date

Nominator: _____

Please return to info@aanm.ca