

Committee Application

Date:	Email:
Name:	Phone:
Company Name:	Business Industry:
Company Address:	
Please select which committee(s) you are Member Engagement Governr	
Please tell us why you wish to be a part o	of this/these committee(s).
Please tell us about any experience, skills to the committee if you were a member	s, education, or knowledge you possess that would bring benefit
Please tell us about other board/commit	tee experience you may have.
Are you willing and able to commit to the per month with some possible work in b	e time required for this committee (estimated at one meeting etween)?

Thank you for your application. We will be in touch in touch once Committee has made a decision.