



271 Frances St.
Wingham, ON N0G 2W0
T: (519) 357-3930
F: (519) 357-3928

Board of Directors Nominee Information Form North Huron Family Health Team

Name: _____

Address: _____

Phone Number _____

Date of Birth: _____

Current Employment: _____

Professional/Work Experience: _____

Email address: _____

Volunteer Experience(s): _____

Special Interests/Skills: _____

Reason for Interest in Board Membership: _____

For Board Use Only:

Recommended for Nomination: YES ____ Term: ____yrs *Complete Board Nomination Form*

NO ____ Explanation: _____

Reviewed by:

Board Member: _____ Date: _____

Board Member: _____ Date: _____

Forward Completed Form to _____



271 Frances St.
Wingham, ON N0G 2W0
T: (519) 357-3930
F: (519) 357-3928

Nomination to Board of Directors
North Huron Family Health Team

We wish to nominate _____ to serve as Director on the North Huron Family Health Team Board.

Please check one:

- Nomination is for the North Huron Family Health Network representative Director ()
Nomination is for the Wingham & District Hospital representative Director ()
Nomination is for the Municipality of North Huron and/or community representative Director ()

Statement of Disclosure (current and two year prior business, charitable, community involvements).

Nominated by: _____

Date: _____

Seconded by: _____

Date: _____