



Health Association of African Canadians

Our Health is Our Wealth

10 Cherry Brook Road (Black Cultural Centre), Cherry Brook, NS B2Z 1A8 | Tel: 902-405-HAAC (4222)
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email: info@haac.ca | web address: www.haac.ca

Board Nominee Information Form

Thank you for your interest in becoming a HAAC Board member.
Please print then complete this form and submit by mail or Email **as soon as possible!**
Thank you!

Member: Yes No

First Name: MI: Last Name:

Apt/Street Address: City:

Province/State: Postal/Zip Code: Country:

Home Phone #: Work Phone #: Other Phone #:

Fax #: Email:

Please describe your relevant experience with, and contributions to any organization(s).

Please tell us how you intend to contribute to the Board and to the mission of HAAC.

Please indicate your skills, experience, and/or interest in the areas below (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Education, Teaching | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fundraising, Special events | <input type="checkbox"/> Governance, Administration | <input type="checkbox"/> Nonprofit Experience |
| <input type="checkbox"/> Marketing, Communications | <input type="checkbox"/> Grant writing | Other: <input type="text"/> |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Legal, Policy Development | Other: <input type="text"/> |