



COLLEGE OF NURSES OF THE NORTHWEST TERRITORIES AND NUNAVUT

Public Application Form

BOARD OF DIRECTORS

Application information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Position applied for:	Public Member, CNNN Board of Directors
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Do you live or work in the Northwest Territories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you live or work in Nunavut?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please review the attached College of Nurses of the Northwest Territories and Nunavut (CNNN) Board and Committee Composition Matrix and explain why you believe you should be appointed to the Board of Directors as a public member.

References

Please provide two references who can attest to your character and fit for the Board of Directors

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:	_____	Date:	_____
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