



A REASON TO HOPE · THE MEANS TO COPE
SCHIZOPHRENIA SOCIETY OF ONTARIO
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR · DE SOUTIEN ET D'ENTRAIDE

Schizophrenia Society of Ontario

Nomination Form for the BOARD OF DIRECTORS

NAME: _____

ADDRESS: _____

TELEPHONE: Business _____ Home: _____

FAX: _____

E-MAIL: _____

Special Skills: *(Please attach resume or biography)* _____

** Please attach a statement regarding why the nominee would like to serve on the board.

Date

Signature of Nominee

References (references are not required to be members):

(please print)

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

** All individuals who serve on the board must become members within 10 days of their election.

Please complete and return to the Provincial Office of the
Schizophrenia Society of Ontario
302 – 130 Spadina Avenue Toronto, ON M5V 2L4 or fax to:
(416) 449-8434