

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