



BOARD OF DIRECTORS APPLICATION FORM

APPLICANTS MUST BE RESIDENT IN WINDSOR-ESSEX COUNTY. APPLICANTS MUST ALSO BE A DOWNTOWN WINDSOR PROPERTY OWNER OR A BUSINESS OWNER WITH WRITTEN DOCUMENTATION STATING THAT THEY ARE REPRESENTING A DOWNTOWN WINDSOR PROPERTY OWNER.

NAME: _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

BUSINESS NAME _____

BUSINESS ADDRESS: _____

_____ POSTAL CODE _____

PHONE NUMBER (WORK) _____ HOME _____ FAX _____

EMAIL _____

OCCUPATION: _____

COMMITTEE MEMBERSHIP: **DWBIA BOARD OF DIRECTORS**

HAVE YOU SERVED ON THIS BOARD BEFORE? _____ **NO. OF YEARS** _____

WHY ARE YOU INTERESTED IN SERVING ON THIS BOARD?

WHAT SPECIFIC SKILLS/QUALIFICATIONS WOULD YOU BRING TO THIS BOARD?

(Please attach a resume or any additional information that would be helpful to the Committee in its selection process.)

VACANT POSITION IS THAT OF LICENSED RESTAURANT Applicant must own, manage or be in the employ of a licensed restaurant. If the applicant is an employee, they must provide consent from their employer to represent their business.

NOTE: I understand that this personal information is being collected to facilitate appointments to boards and commissions pursuant to the Municipal Freedom of Information and Protection of Privacy Act.

SIGNATURE _____ **DATE** _____

RETURN TO: Downtown Windsor BIA, 500 Ouellette Avenue, Suite 705, Windsor, ON N9A 1B3
by no later than **4:00pm on Friday September 22, 2017**