NANB

NANB Committee Candidate Information Form

If you are putting your name forward for an NANB committee, please complete this form and return it with an up-to-date copy of your *CV* to *nanb@nanb.nb.ca*

Name: _____

_____
Mailing Address

_____
Email Address

_____
Work Phone# Mobile Phone# Home Phone#
Please provide at least one phone number

Applying for the following Committee: _____

Region of Practice: _____

Area of Practice: _____

Place of employment: _____

Years of Practice: _____ Language: _____

Have you ever served on an NANB committee in the past? If so, which committee(s), and when did you serve?

NANB

What skills/experience qualifies you to serve on this committee?

Please list any relevant work or volunteer experience with other organizations:

Signature

Date