Parkinson Society Southwestern Ontario

Nomination and Consent Form (Election to the PSSO Board of Directors)

Section 1: Nomination							
I, the undersigned, nominateas a candidate for election to							
Parkinson Society Southwestern Ontario Board of Directors for a three-year term.							
Section 2: Nominee Contact Information	1						
Address of Nominee:							
Telephone:	Home:					Cell:	
	Work:				0	ther:	
Email:							
Section 3: Nominator Contact Information							
Name of Nominator:							
Telephone:	Home:					Cell:	
	Work:				0	ther:	
Email:							
Section 4: Nominee Area of Expertise							
List briefly your area of expertise/skills: <u>**RESUME MUST ACCOMPANY FORM**</u>							
Section 5: Additional Information							
Canadian living with Parkinson's Disease (PD):	Person Living with Parkinson's (circle below):			pelow):	Caregiver (i.e., spouse, child, other:)		
	YES	NO			YES	NO	
Languages:	Bilingual (circle below): Languages spoken / written (list below):						
	YES	NO					
Other:							
Why are you interested in being a PSSO Board member?							
Where did you see this posting advertised?							
Section 6: Consent of Candidate							
I,consent to my nomination as a candidate for election to							
Parkinson Society Southwestern Ontario Board of Directors for a three-year term of office. I agree to stand for election and serve as							
Director if elected.							
Date:				Signature:			

Fax completed form to (519) 652-9267 or email to shelley.rivard@psso.ca.