



MPA Board of Director Application Form

(All responses are optional)

Date: _____, 20____

First Name: _____ Last Name: _____

Address: _____, BC _____
(Street) (Unit) (City) (Postal Code)

Phone: _____
(Cell/Home) (Business)

Email address: _____

In lieu of answering the next two questions, please feel free to attach a resume.

Professional/Business/Volunteer affiliations: _____

Membership in other organizations: _____

Briefly express the reasons for your interest in serving on the MPA Society's Board of Directors:



MPA Society
Empowerment in Mental Health Since 1971



What do you hope to get out of serving on this board? _____

The MPA Board involves active participation by board members on standing committees. Please indicate which committee(s) you would be interested in potentially serving on:

- | | |
|---|--|
| <input type="checkbox"/> Finance & Audit | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Governance & Human Resources | <input type="checkbox"/> Special Topics Advisory |

Please outline what skills you would bring to your selected committee(s):

Please give a brief outline of your knowledge of the importance of addressing mental health issues in our communities today:

Have you had an opportunity to review the MPA Board Member Package? Yes No

Nominations will be reviewed for upcoming vacancies and will be maintained for future consideration. Thank you for your interest in serving on the MPA Board of Directors.

Signature of Applicant: _____

The completed application may be sent to **Attention: Chair, Nominating Committee**
 MPA Society, 122 Powell Street, Vancouver, BC V6A 1G1 or by email to
 admintemp@mpa-Society.org