

Name: _____

RMA (Risk Management Assessment) expiration date: _____

If no RMA are you willing to apply for one: Yes or No

Please explain your experience in leadership positions

Please let us know why you would like to be on the Board of Directors for CYSA:

I would be interested in the following position.

President ___ Vice-President ___ Treasurer ___ Secretary ___ Board Member ___

Signed _____ Date _____

Please return this form electronically to BOTH nicoleannvaz@yahoo.com AND taralhargrave@gmail.com

This form must be received no later than May 17, 2014 to be eligible for consideration. Any questions can be directed to the email addresses above or to Nicole at 360-270-3728 and Tara @ 360-518-2974.

Annual General Meeting (AGM) will be held on Monday, June 16, 2014 at the 7th Ave. Blondin building 6:30 - 7:30pm where voting will take place.