

Board Nominee Bio-Sketch for PEI Lung Association

In the best interest of matching your talents, skills, experiences, and personal interests with the needs of the PEI Lung Association, we would appreciate knowing a little more about you. Please complete the following:

1.Name: _____

2.Preferred title: Dr.____, Miss____, Mr.____, Mrs.____, Ms.____

3.Mailing Address (for any mail-out material):

Street # and name/PO Box _____

Post Office: _____ Postal Code: _____

4.E-mail address (used for most communications): _____

5.Home Address (if different from #3 above):

Street # and name/PO Box _____

Post Office: _____ Postal Code: _____

6.Contact Phone Numbers:

Please check your preferred contact #: (Check preferred number)

Cell phone: _____

Home phone: _____ Work phone: _____

8. Occupation and Place of Employment (If applicable): _____

9. Past and current involvement in other community groups: _____

10.Special Interests and skills: _____

11.Your reasons for wanting to serve on the PEI Lung Association Board: _____

12.Activities/programs of the Lung Association that interest you most: _____

ACCEPTANCE OF NOMINATION

I, _____, on this ____ day of
_____, 20_____ hereby officially accept my nomination as a candidate
for the Board of Directors of the PEI Lung Association.