

Application Form CLRA Alberta Board of Directors

NOMINATION:	
Names and Signatures of two Cl	.RA Alberta members:
(print)	(sign)
(print)	(sign)
CONSENT:	
l,	(print name) agree to accept the nomination for the position of
	for the term commencing April 1, 2021, and agree to serve if elected.
Date:	Signature:

Candidate Name:	
SHORT BIOGRAPHY:	
Provide a short biography, including relevant skill set, board/committee experience (less than 400 words): Note to all candidates that if a vote is required, your name and biography wording will be distributed to the membership for voting purposes.	

Please submit to CLRA Alberta office: alberta@clra.ca