

Please complete this application. Use additional pages if required.

Name		
Home Address		
Phone	fax	e-mail
Work (if applicable) Company & Address		
Phone	fax	e-mail

Are you a caregiver to an individual living with FASD?    Yes    No

What interests you about joining the FASD Network Board of Directors?

Please send a complete application form along with the following documentation to Andrea at [executivedirector@fasdnetwork.ca](mailto:executivedirector@fasdnetwork.ca)

- A current resume
- A short biography to be share with our membership at the Annual General meeting. Including the skills and abilities you could bring to the Board. (e.g. experience in committee work, professional experience, teamwork, creative thinking, public speaking, etc.)